Scott Livingston

IIT Chicago Kent
College of Law Library

1996

Illinois Register

Rules of Governmental Agencies

Volume 20, Issue 36 — September 06, 1996

Pages 11985 - 12305

Index Department
Administrative Code Div.
111 East Monroe Street
Springfield, IL 62756
(217) 782-7017
http://www.sos.state.il.us

published by
George H. Ryan
Secretary of State

Printed on recycled paper

TABLE OF CONTENTS

September 6, 1996 Volume 20, Issue 36

ADOPTED RULES

AGENCY NOTICES OF MODIFICATION, WITHDRAWAL OR REFUSAL TO PROPOSED RULES

JOINT COMMITTEE ON ADMINISTRATIVE RULES-REVIEW OF EXISTING RULES-STATEMENT OF OBJECTIONS AND RECOMMENDATIONS

Editor's Note: The Cumulative Index and Sections Affected Index will be printed on a quarterly basis. The printing schedule for the quarterly and annual indexes are as follows:

April	19, 1996 - Issue 16: Through	March	31, 1996	
July	19, 1996 - Issue 29: Through	June	30, 1996	
October	18, 1996 - Issue 42: Through	September	30, 1996	
January	17, 1997 - Issue 3: Through	December	31, 1996	(Annual)

Printed by authority of the State of Illinois
September 1996 – 710 – GA-185

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Solid Waste Disposal General Provisions

2) Code Citation: 35 Ill. Adm. Code 810

3) Section Numbers: Adopted Action:
810.103 Amended
810.104 Amended

4) Statutory Authority: 415 ILCS 5/27

5) Effective Date of Rulemaking: August 15, 1996

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes

8) Date Filed in Agency's Principal Office: August 15, 1996

9) Notice of Proposal Published in Illinois Register: 19 Ill. Reg. 14516, October 20, 1995

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version:

Section 810.103 [Definitions]

1. Delete the period after "Act" in the definiton of "Agency".

2. Delete the comma after "person" in the definition of "Applicant".

3. Delete "utilize a lime or limestone scrubber system which" and add "and which utilize a lime or limestone srubber system" after "coal" so that the definition now reads:

"Coal combustion power generating facilities" means establishments which generate electricity by combusting coal and which utilize a lime or limestone scrubber system.

4. Add "and" in the definition of "Geotextiles" after "drains," and before "collecting and".

5. Add a comma after "to" and before "cutoff" in the definition of "Hydraulic barriers".

6. Delete "Section" in the definition of "Inert waste" and add "35 Ill. Adm. Code" before "811.202(b).

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

7. Change the case in "Lateral Expansion" to "Lateral expansion".

8. In the definition of "Lateral expansion" after "October 9, 1993." delete "For the purpose of this Section" and start the sentence with "A horizontal".

9. In the definition of "Malodor" replace "or to unreasonably interfere" with "or may unreasonably interfere".

10. In the definition of "Significant Modification" change the definition to be:

"Significant Modification" means a modification to an approved permit issued by the Agency in accordance with Section 39 of the Act and 35 Ill. Adm. Code 813 that is requird when one or more of the following changes: (considered significant when that change is measured by one or more parameters whose values lie outside the expected operating range of values as specfied in the permit:) are planned, occur or will occur.

11. In the definition of "Waste pile" add "of" between "disposed" and "elsewhere" in the last sentence.

12. In the definition of "Working face" end the definition with "of".

13. In the Section 810.104 add the dates of the new incorporations and capitalize "methods" in the "Test Methods for Evaluating Solid Waste, Physcial/Chemical Methods".

Section 810.104 [Incorporations]

1. Change the Source Note to include the Illinois Register reference.

In addition to these changes the Board, in response to JCAR, also included definitions of "Dead animal disposal site" and "NPDES permit" in Part 810 which were adopted by the Board in R 95-9.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: The amendments to this rule reflect the new definitions and newly incorporated documents utilized in the new part, 35 Ill. Adm. Code 816. The interrelationship of these amenmdments is explained in the Board's opinion.

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

16) Information and questions regarding these adopted amendments shall be directed to:

Name: Charles M. Feinen
Address: 100 West Randolph Street
State of Illinois Center
Suite 11-500
Chicago IL 60601
Telephone: 312/814-3473

Copies of the Board's opinions and orders may be requested from the Clerk of the Board at the address above. Please refer to the Docket number R96-1.

The full text of the Adopted Amendment begins on the next page:

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE G: WASTE DISPOSAL
CHAPTER I: POLLUTION CONTROL BOARD
SUBCHAPTER i: SOLID WASTE AND SPECIAL WASTE HAULING

PART 810
SOLID WASTE DISPOSAL: GENERAL PROVISIONS

Section
810.101 Scope and Applicability
810.102 Severability
810.103 Definitions
810.104 Incorporations by Reference

AUTHORITY: Implementing Sections 5, 21, 21.1, 22, 22.17 and 28.1 and authorized by Section 27 of the Environmental Protection Act [415 ILCS 5/5, 21, 21.1, 22, 22.17, 28.1 and 27].

SOURCE: Adopted in R88-7 at 14 Ill. Reg. 15838, effective September 18, 1990; amended in R93-10 at 18 Ill. Reg. 1268, effective January 13, 1994; amended in R90-26 at 18 Ill. Reg. 12457, effective August 1, 1994; amended in R95-9 at 19 Ill. Reg. 14427, effective September 29, 1995; amended in R96-1 at 20 Ill. Reg. 11985, effective AUG 15 1996.

Section 810.101 Scope and Applicability

This Part applies to all solid waste disposal facilities regulated pursuant to 35 Ill. Adm. Code 811 through ~~815 and~~ 817. This Part does not apply to hazardous waste management facilities regulated pursuant to 35 Ill. Adm. Code 700 through 750.

(Source: Amended at 20 Ill. Reg. 11985, effective AUG 15 1996)

Section 810.102 Severability

If any provision of this Part or of 35 Ill. Adm. Code 811 through 817 ~~815~~ or its application to any person or under any circumstances is adjudged invalid, such adjudication shall not affect the validity of this Part or of 35 Ill. Adm. Code 811 through 817 ~~815~~ as a whole or of any portion not adjudged invalid.

(Source: Amended at 20 Ill. Reg. 11985, effective AUG 15 1996)

Section 810.103 Definitions

Except as stated in this Section, or unless a different meaning of a word or

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

term is clear from the context, the definition of words or terms in this Part shall be the same as that applied to the same words or terms in the Environmental Protection Act (Act) [415 ILCS 5]:

"Act" means the Environmental Protection Act [415 ILCS 5].

"Admixtures" are chemicals added to earth materials to improve for a specific application the physical or chemical properties of the earth materials. Admixtures include, but are not limited to: lime, cement, bentonite and sodium silicate.

"Agency" is the Environmental Protection Agency established by the Environmental Protection Act. (Section 3.08 of the Act~~,~~)

"Applicant" means the person~~,~~ submitting an application to the Agency for a permit for a solid waste disposal facility.

"Aquifer" means saturated (with groundwater) soils and geologic materials which are sufficiently permeable to readily yield economically useful quantities of water to wells, springs, or streams under ordinary hydraulic gradients and whose boundaries can be identified and mapped from hydrogeologic data. (Section 3 of the Illinois Groundwater Protection Act [415 ILCS 55/3])

"Bedrock" means the solid rock formation immediately underlying any loose superficial material such as soil, alluvica or glacial drift.

"Beneficially usable waste" means any solid waste from the steel and foundry industries that will not decompose biologically, burn, serve as food for vectors, form a gas, cause an odor, or form a leachate that contains constituents that exceed the limits for this type of waste as specified at 35 Ill. Adm. Code 817.106.

"Board" is the Pollution Control Board established by the Act. (Section 3.04 of the Act)

"Borrow area" means an area from which earthen material is excavated for the purpose of constructing daily cover, final cover, a liner, a gas venting system, roadways or berms.

"Chemical waste" means a non-putrescible solid whose characteristics are such that any contaminated leachate is expected to be formed through chemical or physical processes, rather than biological processes, and no gas is expected to be formed as a result.

"Coal combustion power generating facilities" means establishments which generate electricity by combusting coal and which utilize a lime or limestone scrubber system.

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

"Contaminated leachate" means any leachate whose constituent violate the standards of 35 Ill. Adm. Code 811.202.

"Dead animal disposal site" means an on-the-farm disposal site at which the burial of dead animals is done in accordance with the Illinois Dead Animal Disposal Act, 225 ILCS 610, and regulations adopted pursuant thereto, 8 Ill. Adm. Code 90.

"Design Period" means that length of time determined by the sum of the operating life of the solid waste landfill facility plus the postclosure care period necessary to stabilize the waste in the units.

"Disposal" means the discharge, deposit, injection, dumping, spilling, leaking or placing of any solid waste into or on any land or water or into any well such that solid waste or any constituent of the solid waste may enter the environment by being emitted into the air or discharged into any waters, including groundwater. (Section 3.08 of the Act) If the solid waste is accumulated and not confined or contained to prevent its entry into the environment, or there is no certain plan for its disposal elsewhere, such accumulation shall constitute disposal.

"Disturbed areas" means those areas within a facility that have been physically altered during waste disposal operations or during the construction of any part of the facility.

"Documentation" means items, in any tangible form, whether directly legible or legible with the aid of any machine or device, including but not limited to affidavits, certificates, deeds, leases, contracts or other binding agreements, licenses, permits, photographs, audio or video recordings, maps, geographic surveys, chemical and mathematical formulas or equations, mathematical and statistical calculations and assumptions, research papers, technical reports, technical designs and design drawings, stocks, bonds and financial records, that are used to support facts or hypotheses.

"Earth liners" means structures constructed from naturally occurring soil material that has been compacted to achieve a low permeability.

"Existing facility" or "Existing unit" means a facility or unit which is not defined in this Section as a new facility or a new unit.

"Existing MSWLF Unit" means any municipal solid waste landfill unit that has received household waste before October 9, 1993. (Section 3.87 of the Act)

"Facility" means a site and all equipment and fixtures on a site used to treat, store or dispose of solid or special wastes. A facility

consists of an entire solid or special waste treatment, storage or disposal operation. All structures used in connection with or to facilitate the waste disposal operation shall be considered a part of the facility. A facility may include, but is not limited to, one or more solid waste disposal units, buildings, treatment systems, processing and storage operations, and monitoring stations.

"Field capacity" means that maximum moisture content of a waste, under field conditions of temperature and pressure, above which moisture is released by gravity drainage.

"Foundry sand" means pure sand or a mixture of sand and any additives necessary for use of the sand in the foundry process, but does not include such foundry process by-products as air pollution control dust or refractories.

"Gas collection system" means a system of wells, trenches, pipes and other related ancillary structures such as manholes, compressor housing, and monitoring installations that collects and transports the gas produced in a putrescible waste disposal unit to one or more gas processing points. The flow of gas through such a system may be produced by naturally occurring gas pressure gradients or may be aided by an induced draft generated by mechanical means.

"Gas condensate" means the liquid formed as a landfill gas is cooled or compressed.

"Gas venting system" means a system of wells, trenches, pipes and other related structures that vents the gas produced in a putrescible waste disposal unit to the atmosphere.

"Geomembranes" means manufactured membrane liners and barriers of low permeability used to control the migration of fluids or gases.

"Geotextiles" are permeable manufactured materials used for purposes which include, but are not limited to, strengthening soil, providing a filter to prevent clogging of drains, and collecting and draining liquids and gases beneath the ground surface.

"Groundwater" means underground water which occurs within the saturated zone and within geologic materials where the fluid pressure in the pore space is equal to or greater than atmospheric pressure. (Section 3 of the Illinois Groundwater Protection Act)

"Household Waste" means any solid waste (including garbage, trash, and sanitary waste in septic tanks) derived from households (including single and multiple residences, hotels and motels, bunkhouses, ranger stations, crew quarters, campgrounds, picnic grounds, and day-use recreation areas). (Section 3.89 of the Act)

"Hydraulic barriers" means structures designed to prevent or control the seepage of water. Hydraulic barriers include, but are not limited to, cutoff walls, slurry walls, grout curtains and liners.

"Inert waste" means any solid waste that will not decompose biologically, burn, serve as food for vectors, form a gas, cause an odor, or form a contaminated leachate, as determined in accordance with 35 Ill. Adm. Code ~~Section~~ 811.202(b). Such inert wastes shall include only non-biodegradable and non-putrescible solid wastes. Inert wastes may include, but are not limited to, bricks, masonry and concrete (cured for 60 days or more).

"Iron slag" means slag.

"Land application unit" means an area where wastes are agronomically spread over or disked into land or otherwise applied so as to become incorporated into the soil surface. For the purposes of this Part and 35 Ill. Adm. Code 811 through 815, a land application unit is not a landfill; however, other Parts of 35 Ill. Adm. Code: Chapter I may apply, and may include the permitting requirements of 35 Ill. Adm. Code 309.

"Landfill" means a unit or part of a facility in or on which waste is placed and accumulated over time for disposal, and which is not a land application unit, a surface impoundment, a dead animal disposal site or an underground injection well. For the purposes of this Part and 35 Ill. Adm. Code 811 through 815, landfills include waste piles, as defined in this Section.

"Lateral expansion ~~Expansion~~" means a horizontal expansion of the actual waste boundaries of an existing MSWLF unit occuring on or after October 9, 1993. ~~For--purposes--of--this--Section,--a~~ A horizontal expansion is any area where solid waste is placed for the first time directly upon the bottom liner of the unit, excluding side slopes on or after October 9, 1993. (Section 3.88 of the Act)

"Leachate" means liquid that has been or is in direct contact with a solid waste.

"Lift" means an accumulation of waste which is compacted into a unit and over which cover is placed.

"Low risk waste" means any solid waste from the steel and foundry industries that will not decompose biologically, burn, serve as food for vectors, form a gas, cause an odor, or form a leachate that contains constituents that exceed the limits for this type of waste as

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

specified at 35 Ill. Adm. Code 817.106.

"Malodor" means an odor caused by *one or more contaminant emissions into the atmosphere from a facility that is in sufficient quantities and of such characteristics and duration as to be* described as malodorous and which may be *injurious to human, plant, or animal life, to health, or to property, or* may ~~be~~ *unreasonably interfere with the enjoyment of life or property.* (Section 3.02 of the Act (defining "air pollution"))

"Municipal Solid Waste Landfill Unit" or "MSWLF Unit" means a contiguous area of land or an excavation that receives household waste, and that is not a land application, surface impoundment, a dead animal disposal site, injection well, or any pile of noncontainerized accumulations of solid, nonflowing waste that is used for treatment or storage. A MSWLF unit may also receive other types of RCRA Subtitle D wastes, such as commercial solid waste, nonhazardous sludge, small quantity generator waste and industrial solid waste. Such a landfill may be publicly or privately owned or operated. A MSWLF unit may be a new MSWLF unit, an existing MSWLF unit or a lateral expansion. A sanitary landfill is subject to regulation as a MSWLF if it receives household waste. (Section 3.85 of the Act)

"National Pollutant Discharge Elimination System" or "NPDES" means the program for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits and imposing and enforcing pretreatment requirements under the Clean Water Act (33 U.S.C. 1251 et seq.), Section 12(f) of the Environmental Protection Act and 35 Ill. Adm. Code 309.Subpart A and 310.

"NPDES permit" means a permit issued under the NPDES program.

"New facility" or "New unit" means a solid waste landfill facility or a unit at a facility, if one or more of the following conditions apply:

It is a landfill or unit exempt from permit requirements pursuant to Section 21(d) of the Act that has not yet accepted any waste as of September 18, 1990;

It is a landfill or unit not exempt from permit requirements pursuant to Section 21(d) of the Act that has no development or operating permit issued by the Agency pursuant to 35 Ill. Adm. Code 807 as of September 18, 1990; or

It is a landfill with a unit whose maximum design capacity or lateral extent is increased after September 18, 1990.

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

BOARD NOTE: A new unit located in an existing facility shall be considered a unit subject to 35 Ill. Adm. Code 814, which references applicable requirements of 35 Ill. Adm. Code 811.

"New MSWLF Unit" means any municipal solid waste landfill unit that has received household waste on or after October 9, 1993, for the first time. (Section 3.86 of the Act)

"One hundred (100) year flood plain" means any land area which is subject to a one percent or greater chance of flooding in a given year from any source.

"One hundred (100) year, 24 hour precipitation event" means a precipitation event of a 24 hour duration with a probable recurrence interval of once in 100 years.

"Operator" means the person responsible for the operation and maintenance of a solid waste disposal facility.

"Owner" means a person who has an interest, directly or indirectly, in land, including a leasehold interest, on which a person operates and maintains a solid waste disposal facility. The "owner" is the "operator" if there is no other person who is operating and maintaining a solid waste disposal facility.

"Perched watertable" means an elevated water table above a discontinuous saturated lens, resting on a low permeability (such as clay) layer within a high permeability (such as sand) formation.

"Permit area" means the entire horizontal and vertical region occupied by a permitted solid waste disposal facility.

"Person" is any individual, partnership, co-partnership, firm, company, corporation, association, joint stock company, trust, estate, political subdivision, State ~~state~~ *agency, or any other legal entity, or their legal representative, agent or assigns.* (Section 3.26 of the Act)

"Potentially usable waste" means any solid waste from the steel and foundry industries that will not decompose biologically, burn, serve as food for vectors, form a gas, cause an odor, or form a leachate that contains constituents that exceed the limits for this type of waste as specified at 35 Ill. Adm. Code 817.106.

"Poz-O-Tec materials" means materials produced by a stabilization process patented by Conversion Systems, Inc. utilizing flue gas desulfurization (FGD) sludges and ash produced by coal combustion power generation facilities as raw materials.

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

"Poz-O-Tec monofill" means a landfill in which solely Poz-O-Tec materials are placed for disposal.

"Professional engineer" means a person who has registered and obtained a seal pursuant to "the Professional Engineering Practice Act of 1989" [225 ILCS 325].

"Professional land surveyor" means a person who has received a certificate of registration and a seal pursuant to "the Illinois Professional Land Surveyor ~~Surveyors~~ Act of 1989" [225 ILCS 330].

"Putrescible waste" means a solid waste that contains organic matter capable of being decomposed by microorganisms so as to cause a malodor, gases, or other offensive conditions, or which is capable of providing food for birds and vectors. Putrescible wastes may form a contaminated leachate from microbiological degradation, chemical processes, and physical processes. Putrescible waste includes, but is not limited to, garbage, offal, dead animals, general household waste, and commercial waste. All solid wastes which do not meet the definitions of inert or chemical wastes shall be considered putrescible wastes.

"Publicly owned treatment works" or "POTW" means a treatment works that is owned by the State of Illinois or a unit of local government. This definition includes any devices and systems used in the storage, treatment, recycling and reclamation of municipal sewage or industrial wastewater. It also includes sewers, pipes and other conveyances only if they convey wastewater to a POTW treatment plant. The term also means the unit of local government which has jurisdiction over the indirect discharges to and the discharges from such a treatment works.

"Recharge zone" means an area through which water can enter an aquifer.

"Resource Conservation Recovery Act" or "RCRA" means the Resource Conservation and Recovery Act of 1976 (P.L. 94-580 Codified as 42 USC. Sec. 6901 et seq.) *as amended.* (Section 3.90 of the Act)

"Responsible charge," when used to refer to a person, means that the person is normally present at a waste disposal site; directs the day-to-day overall operation at the site; and either is the owner or operator or is employed by or under contract with the owner or operator to assure that the day-to-day operations at the site are carried out in compliance with any Part of 35 Ill. Adm. Code: Chapter I governing operations at waste disposal sites.

"Runoff" means water resulting from precipitation that flows overland before it enters a defined stream channel, any portion of such

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

overland flow that infiltrates into the ground before it reaches the stream channel, and any precipitation that falls directly into a stream channel.

"Salvaging" means the return of waste materials to use, under the supervision of the landfill operator, so long as the activity is confined to an area remote from the operating face of the landfill, it does not interfere with or otherwise delay the operations of the landfill, and it results in the removal of all materials for salvaging from the landfill site daily or separates them by type and stores them in a manner that does not create a nuisance, harbor vectors or cause an unsightly appearance.

"Scavenging" means the removal of materials from a solid waste management facility or unit which is not salvaging.

"Seismic Slope Safety Factor" means the ratio between the resisting forces or moments in a slope and the driving forces or moments that may cause a massive slope failure during an earthquake or other seismic event such as an explosion.

"Settlement" means subsidence caused by waste loading, changes in groundwater level, chemical changes within the soil and adjacent operations involving excavation.

"Shredding" means the mechanical reduction in particle sizes of solid waste. Putrescible waste is considered shredded if 90 percent of the waste by dry weight passes a 3 inch sieve.

"Significant Modification" means a modification to an approved permit issued by the Agency in accordance with Section 39 of the Act and 35 Ill. Adm. Code 813 that is required when one or more of the following changes~~,~~ (considered significant when that change is measured by one or more parameters whose values lie outside the expected operating range of values as specified in the permit)~~,~~ are planned, occur or will occur:

An increase in the capacity of the waste disposal unit over the permitted capacity;

Any change in the placement of daily, intermediate or final cover;

A decrease in performance, efficiency or longevity of the liner system;

A decrease in efficiency or performance of the leachate collection system;

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

A change in configuration, performance, or efficiency of the leachate management system;

A change in the final disposition of treated effluent or in the quality of the discharge from the leachate treatment or pretreatment system;

Installation of a gas management system, or a decrease in the efficiency or performance of an existing gas management system;

A change in the performance or operation of the surface water control system;

A decrease in the quality or quantity of data from any environmental monitoring system;

A change in the applicable background concentrations or the maximum allowable predicted concentrations;

A change in the design or configuration of the regraded area after development or after final closure;

A change in the amount or type of postclosure financial assurance;

Any change in the permit boundary;

A change in the postclosure land use of the property;

A remedial action necessary to protect groundwater;

Transfer of the permit to a new operator;

Operating authorization is being sought to place into service a structure constructed pursuant to a construction quality assurance program; or

A change in any requirement set forth as a special condition in the permit.

"Slag" means the fused agglomerate which separates in the iron and steel production and floats on the surface of the molten metal.

"Sole source aquifer" means those aquifers designated pursuant to Section 1424(e) of the Safe Drinking Water Act of 1974 (42 U.S.C. 300h-3).

"Solid Waste" means a waste that is defined in this Section as an

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

inert waste, as a putrescible waste, as a chemical waste or as a special waste, and which is not also defined as a hazardous waste pursuant to 35 Ill. Adm. Code 721.

"Special Waste" means any industrial process waste, pollution control waste or hazardous waste, except as determined pursuant to Section 22.9 of the Act and 35 Ill. Adm. Code 808. (Section 3.45 of the Act)

"Static Safety Factor" means the ratio between resisting forces or moments in a slope and the driving forces or moments that may cause a massive slope failure.

"Steel slag" means slag.

"Surface impoundment" means a natural topographic depression, a man-made excavation, or a diked area into which flowing wastes, such as liquid wastes or wastes containing free liquids, are placed. For the purposes of this Part and 35 Ill. Adm. Code 811 through 815, a surface impoundment is not a landfill. Other Parts of 35 Ill. Adm. Code: Chapter I may apply, including the permitting requirements of 35 Ill. Adm. Code 309.

"Twenty-five (25) year, 24 hour precipitation event" means a precipitation event of 24 hour duration with a probable recurrence interval of once in 25 years.

"Uppermost aquifer" means the first geologic formation above and below the bottom elevation of a constructed liner or wastes, where no liner is present, which is an aquifer, and includes any lower aquifer that is hydraulically connected with this aquifer within the facility's permit area.

"Unit" means a contiguous area used for solid waste disposal.

"Unit of local government" means a unit of local government, as defined by Article 7, Section 1 of the Illinois Constitution. A unit of local government may include, but is not limited to, a municipality, a county, or a sanitary district.

"Waste pile" means an area on which noncontainerized masses of solid, non flowing wastes are placed for disposal. For the purposes of this Part and 35 Ill. Adm. Code 811 through 815, a waste pile is a landfill, unless the operator can demonstrate that the wastes are not accumulated over time for disposal. At a minimum, such demonstration shall include photographs, records or other observable or discernable information, maintained on a yearly basis, that show that within the proceeding year the waste has been removed for utilization or disposal ~~disposed~~ elsewhere.

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

"Waste stabilization" means any chemical, physical or thermal treatment of waste, either alone or in combination with biological processes, which results in a reduction of microorganisms, including viruses, and the potential for putrefaction.

"Working face" means any part of a landfill where waste is being disposed of.

"Zone of Attenuation" means the three dimensional region formed by excluding the volume occupied by the waste placement from the smaller of the volumes resulting from vertical planes drawn to the bottom of the uppermost aquifer at the property boundary or 100 feet from the edge of one or more adjacent units.

(Source: Amended at 20 Ill. Reg. 11985, effective AUG 15 1996)

Section 810.104 Incorporations by Reference

a) The Board incorporates the following material by reference:

1) Code of Federal Regulations:
   40 CFR 141.40 (1988).
   40 CFR 258.Appendix II (1992).

2) American Institute of Certified Public Accountants, 1211 Avenue of the Americans, New York NY 10036:
   Auditing Standards--Current Text, August 1, 1990 Edition.

3) ASTM. American Society for Testing and Materials, 1976 Race Street, Philadelphia PA 19103, (610) 832-9585 ~~(215)-299-5585~~:
   Method D2234-76, Test Method for Collection of Gross Samples of Coal.
   Method D3987-85, Standard Test Method for Shake Extraction of Solid Waste with Water.
   Method D5102, Standard Test Method for Unconfined Compressive Strength of Cohesive Soils (1990).

4) U.S. Government Printing Office, Washington, D.C. 20402, ~~Ph~~ (202) 783-3238:
   Test Methods for Evaluating Solid Waste, Physical/Chemical Methods ~~methods~~, EPA Publication SW-846 (Third Edition, 1986 as amended by Update I) (November, 1990)

5) U.S. Army Corps of Engineers, Publication Department, 2803 52nd Ave., Hyattville, Maryland 20781, (301) 394-0081:
   Engineering Manual 1110-2-1906 Appendix VII, Falling-Head Permeability Test with Permeameter Cylinder (1986).

b) This incorporation includes no later amendments or editions.

(Source: Amended at 20 Ill. Reg. 11985, effective AUG 15 1996)

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Standards for New Solid Waste Landfills

2) Code Citation: 35 Ill. Adm. Code 811

3) Section Numbers: 811.101 — Adopted Action: Amended

4) Statutory Authority: 415 ILCS 5/27

5) Effective Date of Rulemaking: August 15, 1996

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: August 15, 1996

9) Notice of Proposal Published in Illinois Register: 19 Ill. Reg. 14286, October 13, 1995

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: The amendment to this rule reflects the addition of a new part to the regulations in determining the applicability of this Part.

16) Information and questions regarding this adopted amendment shall be directed to:

Name: Charles M. Feinen
Address: 100 W. Randolph Street
State of Illinois Center
Suite 11-500
Chicago, Illinois 60601
Telephone: (312) 814-3473

Copies of the Board's opinions and orders may be requested from the Clerk of the Board at the address above. Please refer to the Docket number R96-1.

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

The full text of the Adopted Amendment begins on the next page:

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE G: WASTE DISPOSAL
CHAPTER I: POLLUTION CONTROL BOARD
SUBCHAPTER i: SOLID WASTE AND SPECIAL WASTE HAULING

PART 811
STANDARDS FOR NEW SOLID WASTE LANDFILLS

SUBPART A: GENERAL STANDARDS FOR ALL LANDFILLS

Section
811.101 Scope and Applicability
811.102 Location Standards
811.103 Surface Water Drainage
811.104 Survey Controls
811.105 Compaction
811.106 Daily Cover
811.107 Operating Standards
811.108 Salvaging
811.109 Boundary Control
811.110 Closure and Written Closure Plan
811.111 Postclosure Maintenance

SUBPART B: INERT WASTE LANDFILLS

Section
811.201 Scope and Applicability
811.202 Determination of Contaminated Leachate
811.203 Design Period
811.204 Final Cover
811.205 Final Slope and Stabilization
811.206 Leachate Sampling
811.207 Load Checking

SUBPART C: PUTRESCIBLE AND CHEMICAL WASTE LANDFILLS

Section
811.301 Scope and Applicability
811.302 Facility Location
811.303 Design Period
811.304 Foundation and Mass Stability Analysis
811.305 Foundation Construction
811.306 Liner Systems
811.307 Leachate Drainage System
811.308 Leachate Collection System
811.309 Leachate Treatment and Disposal System
811.310 Landfill Gas Monitoring
811.311 Landfill Gas Management System

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

AUTHORITY: Implementing Sections 5, 21, 21.1, 22, 22.17, 22.40 and 28.1 and authorized by Section 27 of the Environmental Protection Act [415 ILCS 5/5, 21, 21.1, 22, 22.17, 22.40, 28.1 and 27].

SOURCE: Adopted in R88-7 at 14 Ill. Reg. 15861, effective September 18, 1990; amended in R92-19 at 17 Ill. Reg. 12413, effective July 19, 1993; amended in R93-10 at 18 Ill. Reg. 1308, effective January 13, 1994; expedited correction at 18 Ill. Reg. 7504, effective July 19, 1993; amended in R90-26 at 18 Ill. Reg. 12481, effective August 1, 1994; amended in R95-13 at 19 Ill. Reg. 12257, effective August 15, 1995; amended in R96-1 at 20 Ill. Reg. ~~12000~~, effective AUG 15 1996.

NOTE: In this Part, superscript numbers or letters are denoted by paretheses; subscript are denoted by brackets.

SUBPART A: GENERAL STANDARDS FOR ALL LANDFILLS

Section 811.101 Scope and Applicability

a) The standards of this Part apply to all new landfills, except as otherwise provided in 35 Ill. Adm. Code 816 and 817, and except those

ILLINOIS POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

regulated pursuant to 35 Ill. Adm. Code 700 through 749. Subpart A contains general standards applicable to all new landfills. Subpart B contains additional standards for new landfills which dispose of only inert wastes. Subpart C contains additional standards for new landfills which dispose of chemical and putrescible wastes.

b) All general provisions of 35 Ill. Adm. Code 810 apply to this Part.

c) Standards for Municipal Solid Waste Landfills

1) The standards of this Part also apply to all new MSWLF units, as defined at 35 Ill. Adm. Code 810.103. The standards for the new MSWLF units include:

A) The standards applicable to new landfills pursuant to subsection (a); and

B) The standards adopted in this part that are identical-in-substance to the federal regulations promulgated by the U.S. Environmental Protection Agency pursuant Sections 4004 and 4010 of the RCRA relating to MSWLF program. Such standards are individually indicated as applicable to MSWL units.

2) The Appendix Table 811.Appendix B provides a Section-by-Section correlation between the requirements of the federal MSWLF regulations at 40 CFR 258 (1992) and the requirements of this Part.

3) An owner or operator of a MSWLF unit shall also comply with any other applicable Federal rules, laws, regulations, or other requirements.
BOARD NOTE: Subsection (c)(3) is derived from 40 CFR 258.3 (1992).

(Source: Amended at 20 Ill. Reg. 12000, effective AUG 15 1996)

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Marriage and Family Therapy Licensing Act

2) Code Citation: 68 Ill. Adm. Code 1283

3) Section Numbers: 1283.110 — Adopted Action: New Section

4) Statutory Authority: The Marriage and Family Therapy Licensing Act [225 ILCS 55].

5) Effective Date of Rulemaking: August 27, 1996

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: August 27, 1996

9) Notice of Proposal Published in Illinois Register: May 10, 1996 at 20 Ill. Reg. 6365

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version: Language was added to Section 1283.110(c) to accept out-of-state continuing education programs sponsored by the American Association for Marriage and Family Therapy, thus saving some applicants from having to pay a $25 processing fee.

Language also was added to Section 1283.110(a)(1) to clarify that the required 30 hours of continuing education is to be completed during every two-year prerenewal period.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: Section 45 of the Marriage and Family Therapy Licensing Act requires persons licensed under the Act to complete continuing education under requirements set forth in rules of the Department of Professional Regulation. This rulemaking sets forth those continuing education requirements.

16) Information and questions regarding this adopted amendment shall be directed to:

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, IL 62786
217/785-0813
Fax: 217/782-7645

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1283
MARRIAGE AND FAMILY THERAPY LICENSING ACT

Section
1283.10 Application for a Temporary License Under Section 50 of the Act
1283.20 Experience and Clinical Supervision
1283.30 Education
1283.40 Examination
1283.50 Application for Examination/Licensure
1283.60 Endorsement
1283.70 Renewal
1283.80 Inactive Status
1283.90 Restoration
1283.100 Professional Conduct
1283.110 Continuing Education
1283.120 Granting Variances

AUTHORITY: Implementing the Marriage and Family Therapy Licensing Act [225 ILCS 55] and authorized by Section 60(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/60(7)].

SOURCE: Adopted at 18 Ill. Reg. 10752, effective June 28, 1994; amended at 20 Ill. Reg. 12006, effective AUG 15 1996.

Section 1283.110 Continuing Education

a) Continuing Education Hours Requirements
   1) Beginning with the 1999 license renewal and every renewal thereafter, every licensee who applies for renewal of a license as a marriage and family therapist shall complete within the prerenewal period 30 hours of continuing education (CE) relevant to the practice of marriage and family therapy.
   2) A prerenewal period is the 24 months preceding February 28 of each odd-numbered year.
   3) One CE hour shall equal one clock hour.
   4) Courses that are part of the curriculum of a university, college or other educational institution shall be allotted CE credit at the rate of 15 CE hours for each semester hour or 10 hours for each quarter hour of school credit awarded.
   5) A renewal applicant shall not be required to comply with CE requirements for the first renewal of an Illinois license.
   6) Marriage and family therapists licensed in Illinois but residing and practicing in other states shall comply with the CE

requirements set forth in this Section.

b) Approved Continuing Education

1) Continuing education hours shall be earned by verified attendance (e.g., certificate of attendance or certificate of completion) at or participation in a program or course (program) that is offered or sponsored by an approved continuing education sponsor who meets the requirements set forth in subsection (c) below, except for those activities provided in subsection (b)(2), (3) and (4) below.

2) CE credit may be earned through postgraduate training programs (e.g., extern, residency or fellowship programs) or completion of marriage and family therapy related courses that are a part of the curriculum of a college, university or graduate school of marriage and family therapy.

3) CE credit may be earned for verified teaching in a college, university or graduate school of marriage and family therapy approved in accordance with Section 1283.30 and/or as an instructor of continuing education programs given by approved sponsors. Credit will be applied at the rate of 1.5 hours for every hour taught and only for the first presentation of the program (i.e, credit shall not be allowed for repetitious presentations).

4) CE credit may be earned for authoring papers, publications or books and for preparing presentations and exhibits. The preparation of each published paper, book chapter or audio-visual presentation dealing with marriage and family therapy may be claimed as 5 hours of credit. A presentation must be before a professional audience of marriage and family therapists. Five credit hours may be claimed for only the first time the information is published or presented.

c) Approved CE Sponsors and Programs

1) Sponsor, as used in this Section, shall mean the American Association for Marriage and Family Therapy and any other person, firm, association, corporation or group that has been approved and authorized by the Department upon recommendation of the Board to coordinate and present continuing education courses and programs.

2) An entity seeking approval as a CE sponsor shall submit an application, on forms supplied by the Department, along with a $500 application fee. (State agencies, State colleges and State universities in Illinois shall be exempt from paying this fee). The application shall include:

A) Certificate:

i) That all programs offered by the sponsor for CE credit shall comply with the criteria in subsection (c)(3) below and all other criteria in this Section;

ii) That the sponsor shall be responsible for verifying attendance at each program and provide a certificate

of attendance as set forth in subsection (c)(9) below;

iii) That upon request by the Department, the sponsor shall submit evidence (e.g., certificate of attendance or course material) as is necessary to establish compliance with this Section. Evidence shall be required when the Department has reason to believe that there is not full compliance with the statute and this Part and that this information is necessary to ensure compliance;

iv) That each sponsor shall submit to the Department written notice of program offerings 30 days prior to course dates. Notice shall include the description, location, date and time of the program to be offered;

B) A copy of a sample program with faculty, course materials and syllabi.

3) All programs shall:

A) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the practice of marriage and family therapy;

B) Foster the enhancement of general or specialized work in the practice of marriage and family therapy;

C) Be developed and presented by persons with education and/or experience in the subject matter of the program;

D) Specify the course objectives, course content and teaching methods to be used; and

E) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for renewal of a license.

4) Each CE program shall provide a mechanism for evaluation of the program by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.

5) An approved sponsor may subcontract with individuals and organizations to provide approved programs.

6) All programs given by approved sponsors shall be open to all marriage and family therapists and not be limited to members of a single organization or group.

7) Continuing education credit hours used to satisfy the CE requirements of another jurisdiction may be applied to fulfill the CE requirements of the State of Illinois.

8) To maintain approval as a sponsor, each sponsor shall submit to the Department by February of each odd-numbered year a renewal application, the fee required in Section 55(n) of the Act and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and

time of each course given.

9) Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in a program with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:

A) The name, address and license number of the sponsor;

B) The name address of the participant;

C) A brief statement of the subject matter;

D) The number of hours attended in each program;

E) The date and place of the program; and

F) The signature of the sponsor.

10) The sponsor shall maintain attendance records for not less than 5 years.

11) The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.

12) Upon the failure of a sponsor to comply with any one of the foregoing requirements, the Department, after notice to the sponsor and hearing before and recommendation by the Board (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept for CE credit attendance at or participation in any of the sponsor's CE programs until such time as the Department receives assurances of compliance with requirements of this Section.

13) Notwithstanding any other provision of this Section, the Department or Board may evaluate any sponsor of any approved CE program at any time to ensure compliance with the requirements of this Section.

d) Certification of Compliance with CE Requirements

1) Each renewal applicant shall certify, on the renewal application, full compliance with the CE requirements set forth in subsections (a) and (b) above.

2) The Department may require additional evidence demonstrating compliance with the CE requirements (e.g., certificate of attendance). This additional evidence shall be required in the context of the Department's random audit. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.

3) When there appears to be a lack of compliance with CE requirements, an applicant shall be notified in writing and may request an interview with the Board. At that time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 16 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].

e) Continuing Education Earned in Other Jurisdictions. If a licensee has earned CE hours offered in another state or territory not given by an approved sponsor for which the licensee will be claiming credit toward full compliance in Illinois, the applicant shall submit an individual program approval request form, along with a $25 processing fee, within

90 days after completion of the CE program and prior to expiration of the license. The Board shall review and recommend approval or disapproval of the program using criteria set forth in subsection (c)(3) of this Section. Applicants may seek individual program approval prior to participating in the program.

f) Restoration of Nonrenewed License. Upon satisfactory evidence of compliance with CE requirements, the Department shall restore the license upon payment of the required fee as provided in Section 55(e) and (f) of the Act.

g) Waiver of CE Requirements

1) Any renewal applicant seeking renewal of a license without having fully complied with these CE requirements shall file with the Department a renewal application along with the required fee set forth in Section 55(d) of the Act, a statement setting forth the facts concerning non-compliance and request for waiver of the CE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Department, upon the written recommendation of the Board, finds from such affidavit or any other evidence submitted that extreme hardship has been shown for granting a waiver, the Department shall waive enforcement of CE requirements for the renewal period for which the applicant has applied.

2) Extreme hardship shall be determined on an individual basis by the Board and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:

A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period;

B) An incapacitating illness documented by a statement from a currently licensed physician;

C) A physical inability to travel to the site of approved programs documented by a currently licensed physician; and

D) Any other similar extenuating circumstance.

3) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in a good standing until the final decision on the application is made by the Department.

(Source: Added at 20 Ill. Reg. 12006, effective AUG 15 1996)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Illinois Veterans Homes Code

2) Code Citation: 77 Ill. Adm. Code 340

3) Section Numbers: Adopted Action:
340.1000 Amendments
340.1580 Amendments
340.Table B Amendments

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective Date of Rules: September 10, 1996

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations By Reference? No

8) Date Filed in Agency's Principal Office: September 20, 1996

9) Date Notice(s) of Proposal was Published in Illinois Register: October 10, 1995 - 19 Ill. Reg. 14541

10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? No

11) Difference Between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:

1. In line 114, insert "emergency amendments at 20 Ill. Reg. 496, effective January 1, 1996, for a maximum of 150 days;".

2. After line 158, insert the following:
Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

3. In line 237, delete ",".

4. In line 247, strike out "includes" and insert "including".

5. In line 517, strike out the commas after "bathing" and after "needs".

6. In line 519, strike out the commas after "individual" and "who".

7. In line 520, add "," after "person".

8. In lines 532-533, strike out ", see P.A. 88-413, effective August 20, 1993".

9. In lines 666 and 693, change "19" to "20".

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

1. In line 720, after "BENZODIAZEPINES" add "(not maximum doses)".

2. Strike line 726.

3. After line 729, add:

"Halazepam (Paxipam) 40mg".

4. In lines 732, 735 and 738, strike "guideline" and add "Guideline".

5. In line 764, strike "(third" and add "; Fourth Edition (DMS-IV)".

6. Strike line 765, except the colon.

7. In line 767, add "now called" after the opening parenthesis, strike "including" and add ", delirium, and amnestic and other "cognitive disorders" by DSM-IV" before the closing parenthesis.

8. In line 769, after "documented" add ", which are persistent and not due to preventable reasons".

9. In line 782, after "BENZODIAZEPINES" add "(not maximum doses)".

10. Strike line 788.

11. Change line 795 to the following:

"NOTES:

This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection.

The daily doses listed under Short-Acting".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

12. In line 826, after "DRUGS" add "(not maximum doses)".

13. In line 828, strike "15mg" and add "7.5mg".

14. Strike line 833.

15. After line 833, add:

"Estazolam (ProSom) 0.5 mg".

16. After line 836, add:

"Zolipiden (Ambien) 5mg".

17. Strike out 872.

18. In line 873, add ",others" after "Butisol".

19. After line 874, add:

"Secobarbital (Seconal)".

20. In line 885, strike "Amobarbital" and add "Any sedative drug".

21. In line 897, strike "e.g., dementia, delirium" and add "now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV".

22. In line 902, after "SYNDROMES" add "(not maximum doses)".

23. After line 920, add:

"Risperdone" (Resperdal) 4mg".

24. In line 923, after "syndromes" add "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

25. In line 931, strike ", item".

26. In line 934, after the period add "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time.".

27. In 966, strike "including dementia and delirium" and add "now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV".

28. In lines 968, 971 and 972, stike "a.", "b." and "c.", respectively.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

29. In line 970, strike the semicolon and add ". This documentation is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, (e) ruling out medical causes such as pain, constipation, fever, infection; which are persistent;".

30. In line 982, strike "7" and add "seven".

31. In line 983, add after the period "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time.".

32. Strike lines 1000-1015.

33. In line 1031, strike "with" and add "need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has".

34. In line 1033, add "and" after "G, 1-11)" and strike "who" and "had".

35. In line 1037, add a period after "dyskinesia)" and strike "should not receive gradual dose reductions.".

36. In line 1038, strike "e.g.," and add "now called".

37. In line 1039, after "delirium" add ", and amnestic and other "cognitive disorders" by DSM-IV".

38. In line 1043, add after the period "The resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric and medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record.".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

39. After line 1043, add the following:

"I. Antidepressant Drugs

The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objective evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drug. The following is a list of commonly used antidepressant drugs:

EXAMPLES OF ANTIDEPRESSANT DRUGS

GENERIC	BRAND
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)
Sertaline	(Zoloft)
Trazodone	(Desyrel)
Clomipramine	(Anafranil)
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)
Phenelzine	(Nardil)
Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)".

40. In line 1044, strike "I." and add "J.".

41. In line 1050, strike "problem" and add "symptoms".

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? The Department has made all the changes to which it agreed with the Joint Committee.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

13) Will the Rules Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Rules: These rules are being amended in response to P.A. 88-413 (effective August 20, 1993), which amended the Nursing Home Care Act in regard to the use of physical and chemical restraints.

Changes to Section 340.1000 ("Definitions") include: the addition of a definition for the term Adaptive Equipment, amendment of the definition of Convenience; deletion of citations to the Illinois Revised Statutes; deletion of the definition of Restraint of a Resident.

Section 340.1580 ("Restraints") is amended to clarify devices and practices that are considered to be restraints.

Section 340.Table B is amended to include, as required by P.A. 88-413, the standards for unnecessary drugs contained in the interpretive guidelines issued by the U.S. Department of Health and Human Services for the purpose of administering Titles 18 and 19 of the Social Security Act.

16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Ms. Gail DeVito
Division of Governmental Affairs
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-6187

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 340
ILLINOIS VETERANS' HOMES CODE

SUBPART A: GENERAL PROVISIONS

SUBPART B: POLICIES AND FACILITY RECORDS

SUBPART C: RESIDENT RIGHTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART D: HEALTH SERVICES

SUBPART E: MEDICATION ADMINISTRATION SERVICES

SUBPART F: RESIDENT LIVING SERVICES

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART G: RESIDENT RECORDS

SUBPART H: FOOD SERVICE

SUBPART I: PHYSICAL PLANT SERVICES, FURNISHINGS, EQUIPMENT AND SUPPLIES

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rule adopted at 18 Ill. Reg. 10391, effective June 21, 1994, for a maximum of 150 days; emergency rule expired November 18, 1994; adopted at 19 Ill. Reg. 5679, effective April 3, 1995; emergency amendments at 20 Ill. Reg. 496, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10045, effective July 15, 1996; amended at 20 Ill. Reg. 12013, effective SEP 1 0 1996.

SUBPART A: GENERAL PROVISIONS

Section 340.1000 Definitions

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Act - as used in this Part, the Nursing Home Care Act ~~[111.-Rev.-Stat.-1991,-ch.-111-1/2,-pars.-4151-101-et-seq.]~~ [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No matter the purpose, adaptive equipment does not include any device, material or method described in Section 340.1580 as a physical restraint.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 340.1220 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a Type A or Type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide - any person providing direct personal care, training or habilitation services to residents.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - ~~is~~ a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms* or behavior manifestations of mental illness. (Section 2-106 of the Act~~, see P.A. 88-413, effective August 20, 1993~~)

Continuing Care Contract - a contract through which a facility agrees

to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint ~~action taken~~ by the facility to control resident behavior or maintain a resident, that is not in the resident's best interest, and with less use of the facility's effort and resources ~~or expense~~ than would otherwise be required by the facility. This definition is limited to the definition of chemical restraint and Section 340.1580 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed ~~by the State of Illinois~~ to practice dentistry, including ~~includes~~ persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act ~~(Ill. Rev. Stat. 1991, ch. 111, pars. 2301 et seq.)~~ [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801.1 of the Act)

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or

has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Supervision - work performed under the guidance and direction

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or his designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility or long-term care facility - A private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code ~~(Ill. Rev. Stat. 1991, ch. 34, pars. 5-21001 et seq. and 5-22001 et seq.)~~ [55 ILCS 5], *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate*

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act ~~(Ill. Rev. Stat. 1991, ch. 111 1/2, par. 142 et seq.)~~ [210 ILCS 85];

Any "facility for child care" as defined in the Child Care Act of 1969 ~~(Ill. Rev. Stat. 1991, ch. 23, pars. 2211 et seq.)~~ [225 ILCS 10];

Any "Community Living Facility" as defined in the Community Living Facilities Licensing Act ~~(Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 4181 et seq.)~~ [210 ILCS 35];

Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act ~~(Ill. Rev. Stat. 1991, ch. 91 1/2, pars. 621 et seq.)~~ [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Mental Health and Developmental Disabilities as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act ~~(Ill. Rev. Stat. 1991, ch. 91 1/2, pars. 1701 et seq.)~~ [210 ILCS 135]; *or*

Any Supportive Residence licensed under the Supportive Residences Licensing Act ~~(Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 9001 et seq.)~~ [210 ILCS 65]. (Section 1-113 of the Act)

Financial Resources - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

utilities for at least a two-month period of time.

Full-time - means on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 ~~(Ill. Rev. Stat. 1991, ch. 110 1/2, pars. 1-1 et seq.)~~ [755 ILCS 5]. (Section 1-114 of the Act)

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Illinois Veterans' Home - a facility owned but not operated by the Illinois Department of Veterans' Affairs.

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. The Interdisciplinary Team includes at least the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act ~~(Ill. Rev. Stat. 1991, ch. 111, pars. 3651 et seq.)~~ [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act)

Neglect means: the ~~The~~ failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 ~~(Ill. Rev. Stat. 1991, ch. 111, para. 3501 et seq.)~~ [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered ~~with the State of Illinois~~ as an occupational therapist under the Illinois Occupational Therapy Practice Act ~~(Ill. Rev. Stat. 1991, ch. 111, par. 3701 et seq.)~~ [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered ~~with the State of Illinois~~ as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing, or other personal needs, or maintenance, or general supervision and oversight of the physical and mental well being of an individual, who, is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 ~~(Ill. Rev. Stat. 1991, ch. 111, para. 4121 et seq.)~~ [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual cannot remove easily and which restricts freedom of movement or normal access to one's body. (Section 2-106 of the Act~~, see P.A. 88-413, effective August 20, 1993~~)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act ~~(Ill. Rev. Stat. 1991, ch. 111, para. 4251 et seq.)~~ [225 ILCS 90].

Physician - any person licensed ~~by the State of Illinois~~ to practice medicine in all its branches as provided in the Medical Practice Act of 1987 ~~(Ill. Rev. Stat. 1991, ch. 111, para. 4400-1 et seq.)~~ [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed ~~by the State of Illinois~~ to practice clinical psychology under the Clinical Psychologist Licensing Act ~~(Ill. Rev. Stat. 1991, ch. 111, pars. 5351 et seq.)~~ [225 ILCS 15].

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable visiting hours - any time between the hours of 10 a.m. and 8 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid ~~Illinois~~ license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat violation - for purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~Restraint of a Resident - use of a physical or chemical restraint.~~

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door which the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Social Worker, Qualified - a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act ~~(Ill. Rev. Stat. 1991, ch. 111, pars. 6351 et seq.)~~ [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance, which results in

unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 340.1130(b)(1).

Sufficient - same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in this Part, the supervisor must be on the premises if the person does not meet assistant level (two-year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and

unexpired.

(Source: Amended at 20 Ill. Reg. 12013, effective SEP 10 1996)

SUBPART D: HEALTH SERVICES

Section 340.1580 Restraints

a) The facility shall have written policies controlling the use of physical restraints, including but not limited to leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint. Such practices shall include, but not be limited to: tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel.
b) No restraints with locks shall be used.
c) Physical restraints shall not be used on a resident for the purposes of discipline or convenience.
d) The use of chemical restraints is prohibited.

(Source: Amended at 20 Ill. Reg. 12013, effective SEP 10 1996)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 340.TABLE B Guidelines for the Use of Various Drugs

A. Long-Acting Benzodiazepine Drugs

Long-acting benzodiazepine drugs should not be used in residents unless an attempt with a shorter-acting drug (i.e., those listed under subsection B. Benzodiazepine or Other Anxiolytic/Sedative Drugs, and under subsection C. Drugs Used for Sleep Induction) has failed.
After an attempt with a shorter-acting benzodiazepine drug has failed, a long-acting benzodiazepine drug should be used only if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Its use results in maintenance or improvement in the resident's functional status;
3. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful; and
4. Its use is less than, or equal to, the following listed total daily doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the maintenance of, or improvement in, the resident's functional status.

EXAMPLES OF LONG-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Flurazepam	(Dalmane)	15mg
Chlordiazepoxide	(Librium)	20mg
Clorazepate	(Tranxene)	15mg
~~Prazepam~~	~~(Centrax)~~	~~15mg~~
Diazepam	(Valium)	5mg
Clonazepam	(Klonopin)	1.5mg
Quazepam	(Doral)	7.5mg
Halazepam	(Paxipam)	40mg

NOTES:
When diazepam is used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia or seizure disorders), this Guideline ~~guideline~~ does not apply.

When long-acting benzodiazepine drugs are being used to withdraw residents from short-acting benzodiazepine drugs, this Guideline ~~guideline~~ does not apply.

When clonazepam is used in bi-polar disorders, management of tardive dyskinesia, nocturnal myoclonus or seizure disorders, this Guideline ~~guideline~~ does not apply.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

The daily doses listed under Long-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is "clinically contraindicated."

B. Benzodiazepine or other Anxiolytic/Sedative Drugs

Use of the Anxiolytic/Sedative drugs for purposes other than sleep induction should only occur if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Use results in a maintenance or improvement in the resident's functional status;
3. Daily use (at any dose) is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful;
4. Use is for one of the following indications as defined by the Diagnostic and Statistical Manual of Mental Disorders; Fourth Edition (DSM-IV) ~~(third edition revised) or subsequent editions~~:
   Generalized anxiety disorder;
   Organic mental syndromes (now called ~~including~~ dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV) with associated agitated states which are quantitatively and objectively documented, which are persistent and not due to preventable reasons and which constitute sources of distress or dysfunction to the resident or represent a danger to the resident or others;
   Panic disorder;
   Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder (e.g., depression, adjustment disorder); and
5. Use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for the improvement or maintenance in the resident's functional status.

EXAMPLES OF SHORT-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Lorazepam	(Ativan)	2mg
Oxazepam	(Serax)	30mg
Alprazolam	(Xanax)	0.75mg
~~Halazepam~~	~~(Paxipam)~~	~~40mg~~

EXAMPLES OF OTHER ANXIOLYTIC AND SEDATIVE DRUGS

Generic	Brand	Daily Oral Dosage
Diphenhydramine	(Benadryl)	50mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	750mg

NOTES:

This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection.

The daily doses listed under Short-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that a gradual dose reduction is "clinically contraindicated."

Diphenhydramine, hydroxyzine and chloral hydrate are not necessarily drugs of choice for treatment of anxiety disorders. They are only listed here in the event of their potential use.

C. Drugs Used for Sleep Induction

Drugs used for sleep induction should only be used if:

1. Evidence exists that other possible reasons for insomnia (e.g., depression, pain, noise, light, caffeine) have been ruled out;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

2. The use of a drug to induce sleep results in the maintenance or improvement of the resident's functional status;
3. Daily use of the drug is less than ten continuous days unless an attempt at a gradual dose reduction is unsuccessful;
4. The dose of the drug is equal to or less than the following listed doses unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for maintenance or improvement in the resident's functional status.

EXAMPLES OF HYPNOTIC DRUGS (not maximum doses)

Generic	Brand	Oral Dosage
Temazepam	(Restoril)	7.5mg ~~15mg~~
Triazolam	(Halcion)	0.125mg
Lorazepam	(Ativan)	1mg
Oxazepam	(Serax)	15mg
Alprazolam	(Xanax)	0.25mg
~~Halazepam~~	~~(Paxipam)~~	~~20mg~~
Estazolam	(ProSom)	0.5mg
Diphenhydramine	(Benadryl)	25mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	500mg
Zolipiden	(Ambien)	5mg

NOTES:
Diminished sleep in the elderly is not necessarily pathological.

The doses listed are doses for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

Diphenhydramine, hydroxyzine, and chloral hydrate are not necessarily drugs of choice for sleep disorders. They are listed here only in the event of their potential use.

For drugs in this category, a gradual dose reduction should be attempted at least three times within six months before one can conclude that a gradual dose reduction is "clinically contraindicated."

D. Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs

The initiation of the following hypnotic/sedative/anxiolytic drugs

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

should not occur in any dose for any resident. (See Notes for exceptions.) Residents currently using these drugs or residents admitted to the facility while using these drugs should receive gradual dose reductions as part of a plan to eliminate or modify the symptoms for which they are prescribed. A gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is clinically contraindicated. Newly admitted residents using these drugs may have a period of adjustment before a gradual dose reduction is attempted.

(Caution: The Rapid withdrawal of these drugs might result in severe physiological withdrawal symptoms.)

EXAMPLES OF BARBITURATES

Generic	Brand
Amobarbital	(Amytal)
Amobarbitol-Secobarbital	(Tuinal)
~~Aprobarbitol~~	~~(Alurate)~~
Butabarbital	(Butisol, others)
Pentobarbital	(Nembutal)
Secobarbital	(Seconal)
Phenobarbital	(Many Brands)
Barbiturates with other drugs	(e.g., Fiorinal)

EXAMPLES OF MISCELLANEOUS HYPNOTIC/SEDATIVE/ANXIOLYTICS

Generic	Brand
Ethcholorvynol	(Placidyl)
Meprobamate	(Equinal, Miltown)
Glutethimide	(Doriden)
Methprylon	(Noludar)
Paraldehyde	(Many Brands)

NOTES:
Any sedative drug ~~Amobarbital~~ is excepted from this Guideline when used as a single dose sedative for dental or medical procedures.

Phenobarbital is excepted from this Guideline when used in the treatment of seizure disorders.

When Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs are used outside these Guidelines, they may be unnecessary drugs as a result of inadequate indications for use.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

E. Antipsychotic Drugs

The following examples of antipsychotic drugs should not be used in excess of the listed doses for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV ~~e.g., dementia, delirium~~) unless higher doses (as evidenced by the resident's response or the resident's clinical record) are necessary to maintain or improve the resident's functional status.

EXAMPLES OF ANTIPSYCHOTIC DRUGS FOR
RESIDENTS WITH ORGANIC MENTAL SYNDROMES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Chlorpromazine	(Thorazine)	75mg
Promazine	(Sparine)	150mg
Triflupromazine	(Vesprin)	20mg
Thioridazine	(Mellaril)	75mg
Mesoridazine	(Serentil)	25mg
Acetophenazine	(Tindal)	20mg
Perphenazine	(Trilafon)	8mg
Fluphenazine	(Prolixin, Permitil)	4mg
Trifluoperazine	(Stelazine)	8mg
Chlorprothixene	(Taractan)	75mg
Thiothixene	(Navane)	7mg
Haloperidol	(Haldol)	4mg
Molindone	(Moban)	10mg
Loxapine	(Loxitane)	10mg
Clozapine	(Clozaril)	50mg
Prochlorperazine	(Compazine)	10mg
Risperdone	(Resperdal)	4mg

NOTES:
The doses listed are daily doses (usually administered in divided doses) for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV). The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it is necessary for the maintenance or improvement in the resident's functional status.

The "specific conditions" for use of antipsychotic drugs are listed under this Guideline~~, item~~ G.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

The dose of prochlorperazine may be exceeded for short term (seven day) treatment of nausea and vomiting. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time.

When antipsychotic drugs are used outside these Guidelines, they may be deemed unnecessary drugs as a result of excessive dose.

F. Monitoring for Antipsychotic Drug Side Effects

The facility assures that residents who are undergoing antipsychotic drug therapy receive adequate monitoring for significant side effects of such therapy with emphasis on the following:

1. Tardive dyskinesia;
2. Postural (orthostatic) hypotension;
3. Cognitive/behavior impairment;
4. Akathisia; and
5. Parkinsonism.

When antipsychotic drugs are used without monitoring for these side effects, they may be unnecessary drugs because of inadequate monitoring.

G. Use of Antipsychotic Drugs

Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions":

1. Schizophrenia;
2. Schizo-affective disorder;
3. Delusional disorder;
4. Psychotic mood disorders (including mania and depression with psychotic features);
5. Acute psychotic episodes;
6. Brief reactive psychosis;
7. Schizophreniform disorder;
8. Atypical psychosis;
9. Tourette's disorder;
10. Huntington's disease;
11. Organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV ~~including dementia and delirium~~) with associated psychotic and/or agitated behaviors:

    a. Which have been quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented. This documentation is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, (e) ruling out medical causes such as pain, constipation, fever, infection;

    Which are persistent;

    b. Which are not caused by preventable reasons; and

    c. Which are causing the resident to:

        Present a danger to her/himself or to others,

        Continuously cry, scream, yell, or pace if these specific behaviors cause an impairment in functional capacity, or

        Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or

12. Short term (seven ~~7~~ days) symptomatic treatment of hiccups, nausea, vomiting or pruritus. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time.

Antipsychotics should not be used if one or more of the following is/are the only indication:

1. Wandering,
2. Poor self care,
3. Restlessness,
4. Impaired memory,
5. Anxiety,
6. Depression (without psychotic features),
7. Insomnia,
8. Unsociability,
9. Indifference to surroundings,
10. Fidgeting,
11. Nervousness,
12. Uncooperativeness, or
13. Agitated behaviors which do not represent danger to the resident

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

or others.

~~As needed or P.R.N. antipsychotic drugs should only be used when the resident has a "specific condition" for which antipsychotic drugs are indicated (that is, points one through twelve above, and one of the following circumstances exists:~~

~~1. The as needed or P.R.N. dose is being used to titrate the resident's total daily dose up to achieve symptom relief, or down to avoid side effects, or down to effect a gradual dose reduction, or~~

~~2. The as needed or P.R.N. dose is being used to manage unexpected harmful behaviors that cannot be managed without antipsychotic drugs. Under this circumstance, a P.R.N. antipsychotic drug may be used no more than twice in any seven day period without an assessment of the cause for the resident's behavioral symptoms, and the development of a plan of care designed to attempt to reduce or eliminate the cause(s) for the harmful behavior.~~

H. Antipsychotic Drug Gradual Dose Reduction

Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug. The gradual dose reduction should be under close supervision. If the gradual dose reduction is causing an adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether.

"Behavioral interventions" means modification of the resident's behavior or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral symptoms.

"Clinically contraindicated" means that a resident need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has ~~with~~ a "specific condition" (as listed in these Guidelines under subsection G, 1-11) and ~~who~~ has ~~had~~ a history of recurrence of psychotic symptoms (e.g., delusions, hallucinations) which have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects (e.g., tardive dyskinesia). ~~should not receive gradual dose reductions.~~ In residents with organic mental syndromes (now called ~~e.g.,~~ dementia, delirium, and amnestic and other cognitive disorders by DSM-IV), "clinically contraindicated" means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was

prescribed to a degree that a cessation in the gradual dose reduction, or a return to previous dose levels was necessary. The resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric and medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record.

I. Antidepressant Drugs

The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objective evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drug. The following is a list of commonly used antidepressant drugs:

EXAMPLES OF ANTIDEPRESSANT DRUGS

Generic	Brand
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)
Sertaline	(Zoloft)
Trazodone	(Desyrel)
Clomipramine	(Anafranil)
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)
Phenelzine	(Nardil)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)

J.~~f~~ Exceptions to These Guidelines

The facility shall have the opportunity to provide a rationale for the use of drugs prescribed outside these Guidelines. The facility may not justify the use of a drug prescribed outside these Guidelines solely on the basis of "the doctor ordered it." The rationale must be based on sound risk-benefit analysis of the resident's symptoms ~~problem~~ and potential adverse effects of the drug.

The unnecessary drug criterion of "adequate indications for use" does not simply mean that the physician's order must include a reason for using the drug (although such order writing is encouraged). It means that the resident lacks a valid clinical reason for use of the drug as evidenced by the evaluation of some, but not necessarily all, of the following: resident assessment, plan of care, reports of significant change, progress notes, laboratory reports, professional consults, drug orders, observation and interview of the resident, and other information.

In determining whether an antipsychotic drug is without a "specific condition" or that "gradual dose reduction and behavioral interventions" have not been performed, the facility shall justify why using the drug outside these Guidelines is in the best interest of the resident.

Examples of evidence that would support a justification of why a drug is being used outside these Guidelines but in the best interests of the resident may include, but are not limited to:

1. A physician's note indicating, for example, that the dosage, duration, indication, and monitoring are clinically appropriate, and the reasons why they are clinically appropriate; this note should demonstrate that the physician has carefully considered the risk/benefit to the resident in using drugs outside these Guidelines;
2. A medical or psychiatric consultation or evaluation (e.g., Geriatric Depression Scale) that confirms the physician's judgment that use of a drug outside those Guidelines is in the best interest of the resident;
3. Physician, nursing, or other health professional documentation indicating that the resident is being monitored for adverse consequences or complications of the drug therapy;
4. Documentation confirming that previous attempts at dosage reduction have been unsuccessful;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

5. Documentation (such as MDS documentation) showing resident's subjective or objective improvement, or maintenance of function while taking the medication;
6. Documentation showing that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine whether a particular drug, or a particular dose, or duration of therapy, may be the cause;
7. Documentation showing why the resident's age, weight, or other factors would require a unique drug dose or drug duration, indication, monitoring;
8. Other evidence which may be appropriate.

(Source: Amended at 20 Ill. Reg. 12013, effective SEP 10 1996)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Intermediate Care for the Developmentally Disabled Facilities Code

2) Code Citation: 77 Ill. Adm. Code 350

3)

Section Numbers:	Adopted Action:
350.330	Amendments
350.1080	New Section
350.1082	New Section
350.1084	New Section
350.1086	New Section
350.1220	Amendments
350.1420	Amendments
350.Appendix E	New Section

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective Date of Rules: September 10, 1996

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations By Reference? No

8) Date Filed in Agency's Principal Office: September 10, 1996

9) Date Notice(s) of Proposal was Published in Illinois Register: October 20, 1995 - 19 Ill. Reg. 14561

10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? No

11) Difference Between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:

1. On line 238, strike out "at" and insert "of".

2. On line 287, after "1995;", add "emergency amendment at 20 Ill. Reg. 512, effective January 1, 1996, for a maximum of 150 days;".

3. On line 287, change the second "19" to "20".

4. Do not strike out lines 291-293.

5. On line 462, strike out "includes" and insert "including".

6. On line 824, change "well being" to "well-being".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

7. On lines 1014, 1037 and 1133, change "19" to "20".

8. On line 1107, change "Avocacy" to "Advocacy".

9. On line 1126, change "well being" to "well-being".

10. On lines 1187 and 1243, change "19" to "20".

11. On line 1265, insert "." after "care".

12. On line 1302, add "s" to "Disease".

13. On lines 1303 and 1306, strike out the comma.

14. On line 1318, close up the space after "350.1225".

15. On lines 1372 and 1411, change "19" to "20".

16. On line 1432, after the word "BENZODIAZEPINES" add "(not maximum doses)".

17. On line 1438, delete "Prazepam (Centrax) 15 mg".

18. Add following line 1441, "Halazepam" (under the column headed "Generic"), "(Paxipam)" (under the column headed "Brand"), and "40 mg" (under the column headed "Daily Oral Dosage".

19. On line 1463, delete "the listed".

20. On line 1472, add the following before the colon, ": Fourth Edition (DSM-IV)".

21. On line 1474, delete "(including dementia)" and add "(now called dementia, delirium and amnestic and other "cognitive disorders" by DSM-IV)".

22. On line 1476, add the following after the word "documented": "which are persistent and not due to preventable reasons".

23. On line 1488, after the word "BENZODIAZEPINES" add "(not maximum doses)".

24. Add the following on line 1501 after the word "NOTES": "This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's

life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection."

25. On line 1527, after the word "DRUGS", add "(not maximum doses".

26. On line 1529, replace "15 mg" with "7.5 mg".

27. Replace line 1534 by putting "Estazolam" in the first column, "(ProSom)" in the second column, and "0.5 mg" in the third column.

28. Between lines 1537 and 1538, add "Zolpiden" to the first column, "(Ambien)" to the second column, and "5 mg" to the third column.

29. Delete line 1569.

30. On line 1570, add ", others" after the word "Butisol".

31. Between lines 1571 and 1572, add "Secobarbital" to the first column and "(Seconal)" to the second column.

32. On line 1572, replace "(Luminal)" with "(Many Brands)".

33. On line 1583, replace "Amobarbital" with "Any sedative drug".

34. On line 1593, replace "(e.g., dementia, delirium)" with "now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

35. On line 1597, after the word "SYNDROMES", add "(not maximum doses)".

36. Add between lines 1615 and 1616, "Risperdone" in the first column, "(Resperdal)" to the second column and "4 mg" to the third column.

37. On line 1618, after the word "syndromes" add: "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

38. Add after the sentence ending on line 1626, "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time."

39. On line 1655, replace "(including dementia and delirium)" with "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

40. On line 1658, replace the semi-colon with a period and add "This

documentation is necessary to assist in: (1) assessing whether the resident's behavioral symptom is in need of some form of intervention, (2) determining whether the behavioral symptom is transitory or permanent, (3) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (4) ruling out environmental causes such as excessive heat, noise, overcrowding, (5) ruling out medical causes such as pain, constipation, fever, infection;".

41. Between line 1658 and 1659, add "Which are persistent; and".

42. After the sentence ending on line 1671, add: "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can be treated for longer periods of time."

43. Delete lines 1688 through 1702.

44. On line 1717, replace the word "with", with "need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has".

45. Add "and" between the parenthesis and the word "who" on line 1718.

46. On line 1722, put a period after the parenthesis and delete the rest of the sentence.

47. On line 1723, replace "(e.g., dementia, delirium)" with "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

48. Add to line 1728, "the resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric and medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment, or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record."

49. Between lines 1728 and 1729, add

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

I. Antidepressant Drugs
The facility is not required to use behavioral monitoring charts (e.g., documenting quantitatively (number of episodes) and objectively (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) when antidepressant drugs are used. The following is a list of commonly used antidepressant drugs:

Examples of Antidepressant Drugs

Generic	Brand
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)
Sertaline	(Zoloft)
Trazodone	(Desyrel)
Clomipramine	(Anafranil)
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)
Phenelzine	(Nardil)
Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)

50. On line 1729, replace "I." with "J.".

51. On line 1734, replace "problem" with "symptoms".

52. Change source notes from "19 Ill. Reg." to "20 Ill. Reg.".

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

1. In line 1481, add a comma after "documented".

2. In line 1683-1691, change "(1)" through "(5)" to "(a)" through "(e)".

3. In line 1693, delete "and".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

4. Change lines 1766-69 to the following:

"The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objective evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drug. The following is a".

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? The Department has made all the changes to which it agreed with the Joint Committee.

13) Will the Rules Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Rules:

Changes to Section 350.330 ("Definitions") include:
the addition of definitions for the terms Adaptive Equipment; Chemical Restraint; Convenience; and Physical Restraint; the deletion of definitions for the terms Restraint of a Resident; and Safety Device.
These changes are in response to Public Act 88-413 (effective August 20, 1993).

Section 350.1080 ("Restraints") is being added in response to P.A. 88-413, which extensively amended the Nursing Home Care Act in regard to the use of physical and chemical restraints and drug treatment. The Act requires the Department, by rule, to designate certain devices as restraints and to adopt the standards for unnecessary drugs contained in the federal Interpretive Guidelines. Section 350.1080 requires the facility to have policies controlling the use of restraints; prohibits the use of restraints with locks; states that physical restraints shall not be used on a resident for the purposes of discipline or convenience.

Section 350.1082 is being added to set forth requirements for the nonemergency use of restraints. These include provisions for the use of physical restraints; consent of the resident, the resident's guardian, or other authorized representative; authorization of the use of restraints for a specific period of time; application of restraints by trained staff;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

care planning for progressive removal of restraints or progressive use of less restrictive means; periodic release of restraints and provision of care; and prohibition of the use of any form of seclusion.

Section 350.1084 is added to address the emergency use of restraints. The rule defines "emergency care"; sets forth requirements for documentation of the emergency use of a restraint in the resident record; includes procedures for physician's orders and care of the resident; references to other provisions of the rules that must be followed in emergency use of restraints.

Section 350.1086 is a new Section entitled "Unnecessary, Psychotropic and Antipsychotic Drugs." The rule sets forth the circumstances in which the use of a drug would be "unnecessary"; defines the terms "duplicative drug therapy," "psychotropic medication," and "antipsychotic drug"; and includes provisions for informed consent, documentation, and dose reductions and behavior interventions.

Section 350.1220 ("Physician Services") is being amended to delete requirements concerning the use of seclusion and restraints that are no longer needed with the addition of Section 350.1082. In addition, two parenthetical provisions that are not rules are being deleted.

Section 350.1420 ("Conformance with Physician's Orders") is being amended to add a reference to Section 350.Appendix E.

Section 350.Appendix E is added to include, as required by P.A. 88-413, the standards for unnecessary drugs contained in the interpretive guidelines issued by the U.S. Department of Health and Human Services for the purpose of administering Titles 18 and 19 of the Social Security Act.

16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Ms. Gail DeVito
Division of Governmental Affairs
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-6187

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 350
INTERMEDIATE CARE FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART B: ADMINISTRATION

SUBPART C: POLICIES

SUBPART D: PERSONNEL

SUBPART E: RESIDENT LIVING SERVICES

SUBPART F: HEALTH SERVICES

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART G: MEDICATIONS

SUBPART H: RESIDENT AND FACILITY RECORDS

SUBPART I: FOOD SERVICE

SUBPART J: MAINTENANCE, HOUSEKEEPING AND LAUNDRY

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 495, effective March 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 30, p. 1, effective July 28, 1980; amended at 5 Ill. Reg. 1657, effective February 4, 1981; amended

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6453, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14544, effective November 8, 1982; amended at 6 Ill. Reg. 14675, effective November 15, 1982; amended at 6 Ill. Reg. 15556, effective December 15, 1982; amended at 7 Ill. Reg. 278, effective December 22, 1982; amended at 7 Ill. Reg. 1919 and 1945, effective January 28, 1983; amended at 7 Ill. Reg. 7963, effective July 1, 1983; amended at 7 Ill. Reg. 15817, effective November 15, 1983; amended at 7 Ill. Reg. 16984, effective December 14, 1983; amended at 8 Ill. Reg. 15574 and 15578 and 15581, effective August 15, 1984; amended at 8 Ill. Reg. 15935, effective August 17, 1984; amended at 8 Ill. Reg. 16980, effective September 5, 1984; codified at 8 Ill. Reg. 19806; amended at 8 Ill. Reg. 24214, effective November 29, 1984; amended at 8 Ill. Reg. 24680, effective December 7, 1984; amended at 9 Ill. Reg. 142, effective December 26, 1984; amended at 9 Ill. Reg. 331, effective December 28, 1984; amended at 9 Ill. Reg. 2964, effective February 25, 1985; amended at 9 Ill. Reg. 10876, effective July 1, 1985; amended at 11 Ill. Reg. 14795, effective October 1, 1987; amended at 11 Ill. Reg. 16830, effective October 1, 1987; amended at 12 Ill. Reg. 979, effective December 24, 1987; amended at 12 Ill. Reg. 16838, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6040, effective April 17, 1989; amended at 13 Ill. Reg. 19451, effective December 1, 1989; amended at 14 Ill. Reg. 14876, effective October 1, 1990; amended at 15 Ill. Reg. 466, effective January 1, 1991; amended at 16 Ill. Reg. 594, effective January 1, 1992; amended at 16 Ill. Reg. 13910, effective September 1, 1992; amended at 17 Ill. Reg. 2351, effective February 10, 1993; emergency amendment at 17 Ill. Reg. 2373, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7948, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; emergency amendment at 17 Ill. Reg. 9105, effective June 7, 1993, for a maximum of 150 days; emergency expired on November 4, 1993; amended at 17 Ill. Reg. 15056, effective September 3, 1993; amended at 17 Ill. Reg. 16153, effective January 1, 1994; amended at 17 Ill. Reg. 19210, effective October 26, 1993; amended at 17 Ill. Reg. 19517, effective November 4, 1993; amended at 17 Ill. Reg. 21017, effective November 20, 1993; amended at 18 Ill. Reg. 1432, effective January 14, 1994; amended at 18 Ill. Reg. 15789, effective October 15, 1994; amended at 19 Ill. Reg. 11481, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 512, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10065, effective July 15, 1996; amended at 20 Ill. Reg. 12049, effective SEP 10 1996.

SUBPART A: GENERAL PROVISIONS

Section 350.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various

levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No matter the purpose, adaptive equipment does not include any device, material or method described in Section 350.1080 as a physical restraint.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 350.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Autism - a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical restraint - any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms* or behavior manifestations of mental illness. (Section 2-106 of the Act)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint by the facility to control resident behavior or maintain a resident, which is not in the resident's best interest, and with less use of the facility's effort and resources than would otherwise be required by the facility. This definition is limited to the definition of chemical restraint and Section 350.1080 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed to practice dentistry, including ~~includes~~ persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered to render medical care. Other titles often used to refer to DD Aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Supervision - work performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

license (new or renewal) is to be granted.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled.

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code [55 ILCS 5], *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act [210 ILCS 85];

Any "facility for child care" as defined in the Child Care Act of 1969 [225 ILCS 10];

Any "community living facility" as defined in the Community Living Facilities Licensing Act [210 ILCS 35];

Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Mental Health and Developmental Disabilities as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangement Licensure and Certification Act [210 ILCS 135]; *or*

Any supportive residence licensed under the Supportive Residences Licensing Act [210 ILCS 65]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in this Part is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance and personal care.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full time - on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, 90 percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Individual Education Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in this Part means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1985 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program

to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and caregivers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the

resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheelchair, or a wheeled platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive device such as a walker, crutches, a wheelchair, or a wheeled platform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act) Neglect means the failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate reaction to meet the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

Physical restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act [225 ILCS 90].

Physician - any person licensed to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed to practice clinical psychology under the Clinical Psychologist Licensing Act [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational speciality area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered or certified by the State of Illinois, if required.

Reasonable visiting hours - any time between the hours of 10 a.m. and 8 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

~~Restraint--of--a--Resident---the--application--of--a--device--to-limit movements.~~

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

~~Safety-Device---any-equipment-or-protective--device--used--on--a--bed,-chair,--or--resident--which--prevents--him--from--falling-or-otherwise injuring-himself.---Examples-are:--bedside-rails,-geriatric-or-adaptive chairs,-a-wide-band,-vest-or-sheet-applied-to-prevent-falling-out-of-a bed-or-chair,-and-hand-socks-applied-to-prevent-injuring-one's-self.~~

Sanitization - the reduction of pathogenic organisms on a utensil

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door that the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered Care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker, Qualified - a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a Corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Substantial Compliance - meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 350.140(a)(3) and 350.150(a)(3).

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 350.165(b)(1).

Sufficient - same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 20 Ill. Reg. 12049, effective SEP 10 1996)

SUBPART E: RESIDENT LIVING SERVICES

Section 350.1080 Restraints

a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part.

b) No physical restraints with locks shall be used.

c) Physical restraints shall not be used on a resident for the purpose of discipline or convenience.

d) The use of chemical restraints is prohibited.

(Source: Added at 20 Ill. Reg. 12049, effective SEP 10 1996)

Section 350.1082 Nonemergency Use of Physical Restraints

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:
   1) the assessment of the resident's capabilities and an evaluation and *trial of less restrictive* alternatives that could prove effective;
   2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her *highest practicable physical, mental or psychosocial well being;*
   3) consultation with appropriate health professionals, such as rehabilitative nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and
   4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the *highest practicable physical, mental or psychosocial well being.* (Section 2-106(c) of the Act)

b) A physical *restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106(c) of the Act) Informed consent includes information about potential negative outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.

c) The informed consent may authorize the use of a physical restraint only for a specified period of time. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the restraint is used.

d) After 50 percent of the period of physical restraint use authorized by the informed consent has expired, but not less than five days before it has expired, information about the actual effectiveness of the physical restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time. Information about the effectiveness of the physical restraint program and about any negative impact on the resident shall be provided in writing.

e) A physical *restraint may be applied only by* staff *trained in the application of the particular type of restraint.* (Section 2-106(d) of the Act)

f) *Whenever a period of use of a* physical *restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and*

Advocacy Commission, notified of the use of the physical *restraint.* A period of use is initiated when a physical restraint is applied to a resident for the first time under a new or renewed informed consent for the use of physical restraints. *A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the* physical *restraint, whether or not the guardian approves the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the* physical *restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act) If the resident requests that the Guardianship and Advocacy Commission be contacted, the facility shall provide the following information, in writing, to the Guardianship and Advocacy Commission:

1) the reason the physical restraint was needed;
2) the type of physical restraint that was used;
3) the interventions utilized or considered prior to physical restraint and the impact of these interventions;
4) the length of time the physical restraint was to be applied; and
5) the name and title of the facility person who should be contacted for further information.

g) *Whenever a* physical *restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act)

h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well-being.

i) A resident wearing a physical restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate.

j) No form of seclusion shall be permitted.

(Source: Added at 20 Ill. Reg. 12049, effective SEP 10 1996)

Section 350.1084 Emergency Use of Physical Restraints

a) *If a resident needs emergency care,* physical *restraints may be used for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in question.* (Section 2-106(c) of the Act)

b) For this Section only, "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:

1) save the resident's life;
2) prevent the resident from doing serious mental or physical harm to himself/herself; or
3) prevent the resident from injuring another individual.

c) If a resident needs emergency care and other less restrictive interventions have proven ineffective, a physical restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or Medical Director shall be contacted. If a physician is not immediately available, a nurse or QMRP with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used. The resident must be in view of a staff person at all times until either the resident has been examined by a physician or the physical restraint has been removed. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met while the physical restraint is being used.

d) The emergency use of a physical restraint must be documented in the resident's record, including:

1) the behavior incident that prompted the use of the physical restraint;
2) the date and times the physical restraint was applied and released;
3) the name and title of the person responsible for the application and supervision of the physical restraint;
4) the action by the resident's physician upon notification of the physical restraint use;
5) the new or revised orders issued by the physician;
6) the effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident; and
7) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for physical restraint.

e) The facility's emergency use of physical restraints shall comply with Sections 350.1082(e), (f), (g), and (j).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Added at 20 Ill. Reg. 12049, effective SEP 10 1996)

Section 350.1086 Unnecessary, Psychotropic, and Antipsychotic Drugs

a) A *resident shall not be given unnecessary drugs* in accordance with Section 350.Appendix E. In addition, *an unnecessary drug is any drug used:*
   1) *in an excessive dose, including in duplicative therapy;*
   2) *for excessive duration;*
   3) *without adequate monitoring;*
   4) *without adequate indications for its use; or*
   5) *in the presence of adverse consequences that indicate the drugs should be reduced or discontinued.* (Section 2-106.1(a) of the Act)

b) *Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.

c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 350.Appendix E.

d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these drugs in accordance with Section 350.Appendix E.

e) For the purposes of this Section:
   1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, which have a sedative effect.
   2) "Psychotropic medication" *means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations* (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Hospital

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Formulary Service Drug Information 1995 (American Society of Health Systems Pharmacists, 1995), or *the Physician's Desk Reference* (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)

3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

(Source: Added at 20 Ill. Reg. 12049, effective SEP 10 1996)

Section 350.1220 Physician Services

a) The facility shall have a written program of medical services that reflects the philosophy of care provided, the policies relating to this, and the procedures for implementation of the services. The program shall include the health services provided by the facility and the arrangements to effect a transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility. ~~(B)~~

b) There shall be a formal arrangement for qualified medical care for the facility, including care for medical emergencies on a 24 hour, seven days-a-week basis. The facility shall have an advisory physician, fully licensed to practice medicine in Illinois to provide advice on general health conditions and practices of the facility. ~~(B)~~

c) The services of a physician licensed to practice medicine in Illinois shall be available to every resident in the facility. ~~(A7-B)~~

d) The resident or his guardian shall be permitted his choice of physicians.

e) All residents shall be seen by their physician as often as necessary to assure adequate health care. ~~(Medicare-Medicaid--requires certification-visits);--(A7-B)~~

f) Physicians shall participate, when appropriate, in the continuing interdisciplinary evaluation of individual residents, for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs for treatment.

g) The statement of treatment goals and management plans shall be reviewed and updated at least semiannually to insure continuing appropriateness of the goals, consistency of management methods with the goals, and the achievement of progress toward the goals.

h) The facility shall maintain ~~maintains~~ effective arrangements through which medical and remedial services required by the resident but not regularly provided within the facility can be obtained promptly when needed. ~~(B)~~

i) The administrator shall assume the responsibility for meeting the Department's rules entitled "Control of Communicable Disease Code" (77

Ill. Adm. Code 690), so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases. ~~(B)~~

j) No resident with a communicable, contagious, or infectious disease shall be admitted knowingly. An exception shall be a resident whose only such infectious condition is one or more chronic decubital ulcers, from which laboratory tests have proven the presence of a pathogenic organism. Such a resident may be admitted when the facility is capable of implementing appropriate treatment and isolation techniques, to avoid secondary spread of infection. Additional exceptions may be requested on an individual case basis. Permission to admit or keep a resident with any other communicable, contagious, or infectious disease shall require the written approval of the Department. Such approval will be dependent upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the resident and to adequately safeguard the staff and other residents of the facility from secondary spread of infection. Any resident when suspected or diagnosed as having any communicable, contagious, or infectious disease, shall be placed in the appropriate type of isolation as required by the Department's rules entitled "Control of Communicable Diseases ~~Disease~~ Code" (77 Ill. Adm. Code 690) ~~,~~ for the period of time required for each specific disease or until removed from the facility. ~~(A, B)~~

k) All illnesses required to be reported under subsection (i) of this Section ~~,~~ shall be reported immediately to the local health department and to the Department. The administrator shall furnish all pertinent information relating to such occurrences. ~~(B)~~

l) Each resident admitted shall have a complete physical examination, within five days prior to admission, or within 72 hours after admission to the facility. This examination report shall include an evaluation of the resident's condition including height and weight, diagnosis, plan of treatment and recommendations, treatment orders, personal care needs, and permission for participation in the activity program as determined appropriate by the attending physician. The report shall include documentation of the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 350.1225. The report shall also include documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores) with grade, size and location specified, and orders for treatment if present. ~~(A photograph of incipient or manifest decubitus ulcers is recommended on admission.)~~ The report shall also include orders from the physician regarding weighing of the resident, and the frequency of such weighing, if ordered.

m) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. ~~(B)~~

n) At the time of an accident, immediate first aid treatment shall be provided by personnel trained in medically approved first aid procedures. ~~(B)~~

o) The admission information for a resident shall include diagnoses, summary of present medical findings, medical history, mental and physical functioning capacity, prognosis and an explicit recommendation by the physician with respect to admission to or continued care in the facility; it shall also include orders for medications, treatments, restorative services, diet, specific procedures recorded for the health and safety of the resident activities and plans for continuing care and discharge. If this information is not received with the resident at the time of admission, it must be received within 48 hours.

p) If a resident becomes unmanageable, he shall be examined by a physician or a psychiatrist. This medical examination shall be made promptly. A psychologist and members of other appropriate professional disciplines should be consulted, as necessary. ~~(B)~~

q) No resident shall be discharged without the concurrence of the attending physician. All involuntary discharges and transfers shall be in accordance with Sections 3-401 to 3-423 of the Act.

~~r) No form of seclusion shall be permitted, even if the resident desires it.~~

~~s) Restraints shall be used only in an emergency to protect the resident from harming himself or harming other residents, visitors, or staff. If it is necessary to use restraints for this purpose, the attending physician shall be contacted immediately for his orders for this emergency. In the event the attending physician is not immediately available, the facility's advisory physician shall be contacted for such orders. This emergency use of restraints shall be used only temporarily. In a single emergency, restraints shall not be used for a period of more than four hours. If a restraint is used for more than two hours, it must be released for a few minutes at least once every two hours, or more often if necessary. There must be constant observation of the resident while a restraint is being used. No restraints with locking devices may be used. (B)~~

~~t) The reason for ordering and using restraints shall be recorded in the clinical record. There shall be written policies, which are followed in the operation of the facility, covering the use of restraints.~~

(Source: Amended at 20 Ill. Reg. 12049, effective SEP 10 1996)

SUBPART G: MEDICATIONS

Section 350.1420 Conformance with Physician's Orders

a) All medications, including cathartics, headache remedies, or vitamins, shall be given only upon the written order of a physician. (Rubber stamp signatures are not acceptable.) All such orders shall have the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

handwritten signature of the physician. These medications shall be given as prescribed by the physician and at the designated time. Telephone orders may be taken by a registered nurse or licensed practical nurse. All such orders shall be immediately written on the resident's clinical record, or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within ten working days.

b) The staff pharmacist or consultant pharmacist shall review the medical record, including physician orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 350.Appendix E, determine if there are irregularities which would cause potential adverse reactions, allergies, contraindications, or ineffectiveness. This review shall be done at the facility. Documentation of this review must be entered in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, and the administrator.

c) A medication order not specifically limiting the time or number of doses shall be automatically stopped in accordance with written policy approved by the pharmaceutical advisory committee.

d) The resident's attending physician shall be notified of medications about to be stopped so that the physician may promptly renew such orders to avoid interruption of the resident's therapeutic regimen.

e) All medications to be released to the resident, or person responsible for the resident's care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time (such as when attending a vocational training program or on a weekend pass) shall be approved by the physician. A notation concerning their disposition shall be made on the resident's clinical record.

(Source: Amended at 20 Ill. Reg. 12049, effective SEP 10 1996)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 350.APPENDIX E Guidelines for the Use of Various Drugs

A. Long-Acting Benzodiazepine Drugs

Long-acting benzodiazepine drugs should not be used in residents unless an attempt with a shorter-acting drug (i.e., those listed under B. Benzodiazepine or Other Anxiolytic/Sedative Drugs, and under C. Drugs Used for Sleep Induction) has failed.

After an attempt with a shorter-acting benzodiazepine drug has failed, a long-acting benzodiazepine drug should be used only if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Its use results in maintenance or improvement in the resident's functional status;
3. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful; and
4. Its use is less than, or equal to, the following listed total daily doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the maintenance or improvement in the resident's functional status.

EXAMPLES OF LONG-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Flurazepam	(Dalmane)	15mg
Chlordiazepoxide	(Librium)	20mg
Clorazepate	(Tranxene)	15mg
Diazepam	(Valium)	5mg
Clonazepam	(Klonopin)	1.5mg
Quazepam	(Doral)	7.5mg
Halazepam	(Paxipam)	40mg

NOTES:

When diazepam is used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia or seizure disorders), this Guideline does not apply.

When long-acting benzodiazepine drugs are being used to withdraw residents from short-acting benzodiazepine drugs, this Guideline does not apply.

When clonazepam is used in bi-polar disorders, management of tardive dyskinesia, nocturnal myoclonus or seizure disorders, this Guideline does not apply.

The daily doses listed under Long-Acting Benzodiazepines are doses

(usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is "clinically contraindicated."

B. Benzodiazepine or other Anxiolytic/Sedative Drugs

Use of Anxiolytic/Sedative drugs for purposes other than sleep induction should only occur if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Use results in a maintenance or improvement in the resident's functional status;
3. Daily use (at any dose) is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful;
4. Use is for one of the following indications as defined by the Diagnostic and Statistical Manual of Mental Disorders; Fourth Edition (DSM-IV):
   Generalized anxiety disorder;
   Organic mental syndromes (now called dementia, delirium and amnestic and other "cognitive disorders" by DSM-IV) with associated agitated states which are quantitatively and objectively documented, which are persistent and not due to preventable reasons and which constitute sources of distress or dysfunction to the resident or represent a danger to the resident or others;
   Panic disorder;
   Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder (e.g., depression, adjustment disorder); and
5. Use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the improvement or maintenance in the resident's functional status.

EXAMPLES OF SHORT-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Lorazepam	(Ativan)	2mg
Oxazepam	(Serax)	30mg
Alprazolam	(Xanax)	0.75mg

Halazepam	(Paxipam)	40mg

EXAMPLES OF OTHER ANXIOLYTIC AND SEDATIVE DRUGS

Generic	Brand	Daily Oral Dosage
Diphenhydramine	(Benadryl)	50mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	750mg

NOTES:

This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection.

The daily doses listed under Short-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that a gradual dose reduction is "clinically contraindicated."

Diphenhydramine, hydroxyzine and chloral hydrate are not necessarily drugs of choice for treatment of anxiety disorders. They are only listed here in the event of their potential use.

C. Drugs Used for Sleep Induction

Drugs used for sleep induction should only be used if:

1. Evidence exists that other possible reasons for insomnia (e.g., depression, pain, noise, light, caffeine) have been ruled out;
2. The use of a drug to induce sleep results in the maintenance or improvement of the resident's functional status;
3. Daily use of the drug is less than ten continuous days unless an

attempt at a gradual dose reduction is unsuccessful;

4. The dose of the drug is equal to or less than the following listed doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for maintenance or improvement in the resident's functional status.

EXAMPLES OF HYPNOTIC DRUGS (not maximum doses)

Generic	Brand	Oral Dosage
Temazepam	(Restoril)	7.5mg
Triazolam	(Halcion)	0.125mg
Lorazepam	(Ativan)	1mg
Oxazepam	(Serax)	15mg
Alprazolam	(Xanax)	0.25mg
Estazolam	(ProSom)	0.5mg
Diphenhydramine	(Benadryl)	25mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	500mg
Zolpiden	(Ambien)	5mg

NOTES:

Diminished sleep in the elderly is not necessarily pathological.

The doses listed are doses for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

Diphenhydramine, hydroxyzine, and chloral hydrate are not necessarily drugs of choice for sleep disorders. They are listed here only in the event of their potential use.

For drugs in this category, a gradual dose reduction should be attempted at least three times within six months before one can conclude that a gradual dose reduction is "clinically contraindicated."

D. Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs

The initiation of the following hypnotic/sedative/anxiolytic drugs should not occur in any dose for any resident. (See Notes for exceptions.) Residents currently using these drugs or residents admitted to the facility while using these drugs should receive gradual dose reductions as part of a plan to eliminate or modify the symptoms for which they are prescribed. A gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is clinically

contraindicated. Newly admitted residents using these drugs may have a period of adjustment before a gradual dose reduction is attempted.

(Caution: The rapid withdrawal of these drugs might result in severe physiological withdrawal symptoms.)

EXAMPLES OF BARBITURATES

Generic	Brand
Amobarbital	(Amytal)
Amobarbital-Secobarbital	(Tuinal)
Butabarbital	(Butisol, others)
Pentobarbital	(Nembutal)
Secobarbital	(Seconal)
Phenobarbital	(Many Brands)
Barbiturates with other drugs	(e.g., Fiorinal)

EXAMPLES OF MISCELLANEOUS HYPNOTIC/SEDATIVE/ANXIOLYTICS

Generic	Brand
Ethchlorvynol	(Placidyl)
Glutethimide	(Doriden)
Meprobamate	(Equinal, Miltown)
Methprylon	(Noludar)
Paraldehyde	(Many Brands)

NOTES:

Any sedative drug is excepted from this Guideline when used as a single dose sedative for dental or medical procedures.

Phenobarbital is excepted from this Guideline when used in the treatment of seizure disorders.

When Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs are used outside these Guidelines, they may be unnecessary drugs as a result of inadequate indications for use.

E. Antipsychotic Drugs

The following examples of antipsychotic drugs should not be used in excess of the listed doses for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV) unless higher doses (as evidenced by the resident's response or the resident's clinical record) are necessary to maintain or improve the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

resident's functional status.

EXAMPLES OF ANTIPSYCHOTIC DRUGS FOR RESIDENTS WITH ORGANIC MENTAL SYNDROMES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Chlorpromazine	(Thorazine)	75mg
Promazine	(Sparine)	150mg
Triflupromazine	(Vesprin)	20mg
Thioridazine	(Mellaril)	75mg
Mesoridazine	(Serentil)	25mg
Acetophenazine	(Tindal)	20mg
Perphenazine	(Trilafon)	8mg
Fluphenazine	(Prolixin, Permitil)	4mg
Trifluoperazine	(Stelazine)	8mg
Chlorprothixene	(Taractan)	75mg
Thiothixene	(Navane)	7mg
Haloperidol	(Haldol)	4mg
Molindone	(Moban)	10mg
Loxapine	(Loxitane)	10mg
Clozapine	(Clozaril)	50mg
Prochlorperazine	(Compazine)	10mg
Risperidone	(Resperdal)	4mg

NOTES:

The doses listed are daily doses (usually administered in divided doses) for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV). The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it is necessary for the maintenance or improvement in the resident's functional status.

The "specific conditions" for use of antipsychotic drugs are listed under this Guideline G.

The dose of prochlorperazine may be exceeded for short term (seven day) treatment of nausea and vomiting. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time.

When antipsychotic drugs are used outside these Guidelines, they may be deemed unnecessary drugs as a result of excessive doses.

F. Monitoring for Antipsychotic Drug Side Effects

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

The facility assures that residents who are undergoing antipsychotic drug therapy receive adequate monitoring for significant side effects of such therapy with emphasis on the following:

1. Tardive dyskinesia;
2. Postural (orthostatic) hypotension;
3. Cognitive/behavior impairment;
4. Akathisia; and
5. Parkinsonism.

When antipsychotic drugs are used without monitoring for these side effects, they may be unnecessary drugs because of inadequate monitoring.

G. Use of Antipsychotic Drugs

Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions":

1. Schizophrenia;
2. Schizo-affective disorder;
3. Delusional disorder;
4. Psychotic mood disorders (including mania and depression with psychotic features);
5. Acute psychotic episodes;
6. Brief reactive psychosis;
7. Schizophreniform disorder;
8. Atypical psychosis;
9. Tourette's disorder;
10. Huntington's disease;
11. Organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV) with associated psychotic and/or agitated behaviors:
    Which have been quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented. This documentation is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, (e) ruling out medical causes such as pain, constipation, fever, infection;
    Which are persistent;
    Which are not caused by preventable reasons; and
    Which are causing the resident to:
        Present a danger to her/himself or to others,
        Continuously cry, scream, yell, or pace if these specific

behaviors cause an impairment in functional capacity, or Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or

12. Short term (seven days) symptomatic treatment of hiccups, nausea, vomiting or pruritus. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can oe treated for longer periods of time.

Antipsychotics should not be used if one or more of the following is/are the only indication:

1. Wandering,
2. Poor self care,
3. Restlessness,
4. Impaired memory,
5. Anxiety,
6. Depression (without psychotic features),
7. Insomnia,
8. Unsociability,
9. Indifference to surroundings,
10. Fidgeting,
11. Nervousness,
12. Uncooperativeness, or
13. Agitated behaviors which do not represent danger to the resident or others.

H. Antipsychotic Drug Gradual Dose Reduction

Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug. The gradual dose reduction should be under close supervision. If the gradual dose reduction is causing an adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether.

"Behavioral interventions" means modification of the resident's behavior or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral symptoms.

"Clinically contraindicated" means that a resident need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has a "specific condition" (as listed in these Guidelines under G, 1-11) and has a history of recurrence of psychotic symptoms (e.g., delusions,

hallucinations) which have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects (e.g., tardive dyskinesia). In residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV), "clinically contraindicated" means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was prescribed to a degree that a cessation in the gradual dose reduction, or a return to previous dose levels, was necessary. The resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric or medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment, or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record.

I. Antidepressant Drugs

The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objective evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drug. The following is a list of commonly used antidepressant drugs:

EXAMPLES OF ANTIDEPRESSANT DRUGS

Generic	Brand
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)
Sertaline	(Zoloft)
Trazodone	(Desyrel)

Clomipramine	(Anafranil
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)
Phenelzine	(Nardil)
Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)

J. Exceptions to These Guidelines

The facility shall have the opportunity to provide a rationale for the use of drugs prescribed outside these Guidelines. The facility may not justify the use of a drug prescribed outside these Guidelines solely on the basis of "the doctor ordered it." The rationale must be based on sound risk-benefit analysis of the resident's symptoms and potential adverse effects of the drug.

The unnecessary drug criterion of "adequate indications for use" does not simply mean that the physician's order must include a reason for using the drug (although such order writing is encouraged). It means that the resident lacks a valid clinical reason for use of the drug as evidenced by the evaluation of some, but not necessarily all, of the following: resident assessment, plan of care, reports of significant change, progress notes, laboratory reports, professional consults, drug orders, observation and interview of the resident, and other information.

In determining whether an antipsychotic drug is without a "specific condition" or that "gradual dose reduction and behavioral interventions" have not been performed, the facility shall justify why using the drug outside these Guidelines is in the best interest of the resident.

Examples of evidence that would support a justification of why a drug is being used outside these Guidelines but in the best interests of the resident may include, but are not limited to:

1. A physician's note indicating, for example, that the dosage, duration, indication, and monitoring are clinically appropriate, and the reasons why they are clinically appropriate; this note should demonstrate that the physician has carefully considered the risk/benefit to the resident in using drugs outside these Guidelines;
2. A medical or psychiatric consultation or evaluation (e.g., Geriatric Depression Scale) that confirms the physician's judgment that use of a drug outside these Guidelines is in the best interest of the resident;
3. Physician, nursing, or other health professional documentation indicating that the resident is being monitored for adverse consequences or complications of the drug therapy;
4. Documentation confirming that previous attempts at dosage reduction have been unsuccessful;
5. Documentation (such as MDS documentation) showing resident's subjective or objective improvement, or maintenance of function while taking the medication;
6. Documentation showing that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine whether a particular drug, or a particular dose, or duration of therapy, may be the cause;
7. Documentation showing why the resident's age, weight, or other factors would require a unique drug dose or drug duration, indication, monitoring; and
8. Other evidence which may be appropriate.

(Source: Added at 20 Ill. Reg. SEP 10 1996 effective ~~12049~~)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Long-Term Care for Under Age 22 Facilities Code

2) Code Citation: 77 Ill. Adm. Code 390

3)

Section Numbers:	Adopted Action:
390.330	Amendments
390.1040	Amendments
390.1310	Amendments
390.1312	New Section
390.1314	New Section
390.1316	New Section
390.1320	Amendments
390.1330	Repealer
390.1420	Amendments
390.Appendix C	New Section

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective Date of Rules: September 10, 1996

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations By Reference? No

8) Date Filed in Agency's Principal Office: September 10, 1996

9) Date Notice(s) of Proposal was Published in Illinois Register: October 20, 1995 - 19 Ill. Reg. 14607

10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to these Amendments? No

11) Difference Between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:

1. On line 239, after the semi-colon, add "emergency amendments at 20 Ill. Reg. 512, effective January 1, 1996, for a maximum of 150 days;".

2. On line 239, replace the second "19" with "20".

3. Do not strike out lines 243, 244, and 245.

4. On line 616, strike out the comma after "corporation" and add an underlined comma after "under".

5. Strike out lines 895-900.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

6. On line 1301, replace "wheel chair" with "wheelchair".

7. On line 1349, replace "play pens" with "playpens".

8. On line 1456, add an underlined slash between "himself" and "herself".

9. On line 1753, strike out the dash between the words "week" and "end".

10. On line 1777, after the word "BENZODIAZEPINES" add "(not maximum doses)".

11. Delete line 1783.

12. Add following line 1786, "Halazepam" (under the column headed "Generic"), "(Paxipam)" (under the column headed "Brand"), and "40 mg" (under the column headed "Daily Oral Dosage".

13. On line 1817, add the following before the semi-colon, "; Fourth Edition (DSM-IV)".

14. On line 1819, delete the following "(including dementia)" and add "(now called dementia, delirium and amnestic and other "cognitive disorders" by DSM-IV)".

15. On line 1821, add the following after the word "documented": "which are persistent and not due to preventable reasons".

16. On line 1833, after the word "BENZODIAZEPINES" add "(not maximum doses)".

17. Delete line 1839.

18. Add the following on line 1846 after the word "NOTES": "This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection."

19. On line 1872, after the word "DRUGS", add "(not maximum doses".

20. On line 1874, replace "15 mg" with "7.5 mg".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

21. Replace line 1879 by putting "Estazolam" in the first column, "(ProSom)" in the second column, and "0.5 mg" in the third column.

22. Between lines 1882 and 1883, add "Zolpiden" to the first column, "(Ambien)" to the second column, and "5 mg" to the third column.

23. Delete line 1914.

24. On line 1915, add ", others" after the word "Butisol".

25. Between lines 1916 and 1917, add "Secobarbital" to the first column and "(Seconal)" to the second column.

26. On line 1917, replace "(Luminal" with "(Many Brands)".

27. On line 1928, replace "Amobarbital" with "Any sedative drug".

28. On line 1938, replace "(e.g., dementia, delirium)" with "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

29. On line 1942, after the word "SYNDROMES", add "(not maximum doses)".

30. Add between lines 1960 and 1961, "Risperdone" in the first column, "(Resperdal)" to the second column and "4 mg" to the third column.

31. On line 1963, after the word "syndromes" add: "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

32. Add after the sentence ending on line 1971, "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time."

33. On line 2000, replace "(including dementia and delirium)" with "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

34. On line 2003, replace the semi-colon with a period and add "This documentation is necessary to assist in: (1) assessing whether the resident's behavioral symptom is in need of some form of intervention, (2) determining whether the behavioral symptom is transitory or permanent, (3) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (4) ruling out environmental causes such as excessive heat, noise, overcrowding, (5) ruling out medical causes such as pain, constipation, fever, infection;".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

35. Between line 2003 and 2004, add "Which are persistent; and".

36. After the sentence ending on line 2016, add: "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can be treated for longer periods of time."

37. Delete lines 2033 through 2047.

38. On line 2062, replace the word "with", with "need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has".

39. Add "and" between the parenthesis and the word "who" on line 2063.

40. On line 2067, put a period after the parenthesis and delete the rest of the sentence.

41. On line 2068, replace "(e.g., dementia, delirium)" with "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

42. On line 2073, add "the resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric and medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment, or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record."

43. Between lines 2073 and 2074, add

I. Antidepressant Drugs

The facility is not required to use behavioral monitoring charts (e.g., documenting quantitatively (number of episodes) and objectively (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) when antidepressant drugs are used. The following is a list of commonly used antidepressant drugs:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Examples of Antidepressant Drugs

Generic	Brand
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)
Sertaline	(Zoloft)
Trazodone	(Desyrel)
Clomipramine	(Anafranil)
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)
Phenelzine	(Nardil)
Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)

44. On line 2074, replace "I." with "J.".

45. On line 2079, replace "problem" with "symptoms".

46. Change source notes to "20 Ill. Reg." rather than "19 Ill. Reg.".

The following changes were made in response to comments and suggestions of the Joint Committee on Adminstrative Rules:

1. In line 1822, add a comma after "documented".

2. In lines 2023-2031, change "(1)" through "(5)" to "(a)" through "(e)".

3. In line 2033, delete "and".

4. Change lines 2106-2109 to the following:

> "The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objective evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drug. The following".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? The Department has made all the changes to which it agreed with the Joint Committee.

13) Will the Rules Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Rules:

Changes to Section 390.330 ("Definitions") include:

> the addition of definitions for the terms Adaptive Equipment; Chemical Restraint; Convenience; Discipline; and Physical Restraint; the deletion of definitions for the terms Restraint; Restriction; and Safety Device.

These changes are in response to Public Act 88-413 (effective August 20, 1993).

Section 390.1040 ("Nursing Services") is being amended to delete reference to "safety devices" in subsection (o) and to clarify the use of side rails on beds.

Section 390.1310 ("Restraints and Safety Devices") is being amended in response to P.A. 88-413, which extensively amended the Nursing Home Care Act in regard to the use of physical and chemical restraints and drug treatment. The Act requires the Department, by rule, to designate certain devices as restraints and to adopt the standards for unnecessary drugs contained in the federal Interpretive Guidelines. Section 390.1310 requires facilities to have policies concerning the use of restraints; lists devices and practices considered to be restraints; deletes use of the term "safety devices."

Section 390.1312 is being added to set forth requirements for the nonemergency use of restraints. These include provisions for the use of physical restraints; consent of the resident, the resident's guardian, or other authorized representative; authorization of the use of restraints for a specific period of time; application of restraints by trained staff; care planning for progressive removal of restraints or progressive use of

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

less restrictive means; periodic release of restraints and provision of care; and prohibition of the use of any form of seclusion.

Section 390.1314 is added to address the emergency use of restraints. The rule defines "emergency care"; sets forth requirements for documentation of the emergency use of a restraint in the resident record; includes procedures for physician's orders and care of the resident; references to other provisions of the rules that must be followed in emergency use of restraints.

Section 390.1316 is a new Section entitled "Unnecessary, Psychotropic and Antipsychotic Drugs." The rule sets forth the circumstances in which the use of a drug would be "unnecessary"; defines the terms "duplicative drug therapy," "psychotropic medication," and "antipsychotic drug"; and includes provisions for informed consent, documentation, and dose reductions and behavior interventions.

Section 390.1320 ("Behavior Management") is being amended to delete reference to Individual Behavior Programs utilizing restriction and chemical restraints.

Section 390.1330 ("Behavior Emergencies") is being repealed.

Section 390.1420 is amended to add a reference to Section 390.Appendix C, "Guidelines for the Use of Various Drugs" in the subsection concerning review of medication orders.

Section 390.Appendix C is added to include, as required by P.A. 88-413, the standards for unnecessary drugs contained in the interpretive guidelines issued by the U.S. Department of Health and Human Services for the purpose of administering Titles 18 and 19 of the Social Security Act.

16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Ms. Gail DeVito
Division of Governmental Affairs
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, IL 62761
(217) 782-6187

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 390
LONG-TERM CARE FOR UNDER AGE 22 FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART B: ADMINISTRATION

SUBPART C: POLICIES

SUBPART D: PERSONNEL

SUBPART E: HEALTH AND DEVELOPMENTAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART F: RESTRAINTS AND ~~AND SAFETY DEVICES~~, BEHAVIOR MANAGEMENT, ~~AND BEHAVIOR EMERGENCIES~~

SUBPART G: MEDICATIONS

SUBPART H: RESIDENT AND FACILITY RECORDS

SUBPART I: FOOD SERVICE

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART J: MAINTENANCE, HOUSEKEEPING, AND LAUNDRY

SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW FACILITIES

SUBPART N: DESIGN AND CONSTRUCTION STANDARDS FOR EXISTING FACILITIES

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART O: RESIDENT'S RIGHTS

SUBPART P: DAY CARE PROGRAMS

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SOURCE: Adopted at 6 Ill. Reg. 1658, effective February 1, 1982; emergency amendment at 6 Ill. Reg. 3223, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11622, effective September 14, 1982; amended at 6 Ill. Reg. 14557 and 14560, effective November 8, 1982; amended at 6 Ill. Reg. 14678, effective November 15, 1982; amended at 7 Ill. Reg. 282, effective December 22, 1982; amended at 7 Ill. Reg. 1927, effective January 28, 1983; amended at 7 Ill. Reg. 8574, effective July 11, 1983; amended at 7 Ill. Reg. 15821, effective November 15, 1983; amended at 7 Ill. Reg. 16988, effective December 14, 1983; amended at 8 Ill. Reg. 15585, 15589, and 15592, effective August 15, 1984; amended at 8 Ill. Reg. 16989, effective September 5, 1984; codified at 8 Ill. Reg. 19823; amended at 8 Ill. Reg. 24159, effective November 29, 1984; amended at 8 Ill. Reg. 24656, effective December 7, 1984; amended at 8 Ill. Reg. 25083, effective December 14, 1984; amended at 9 Ill. Reg. 122, effective December 26, 1984; amended at 9 Ill. Reg. 10785, effective July 1, 1985; amended at 11 Ill. Reg. 16782, effective October 1, 1987; amended at 12 Ill. Reg. 931, effective December 24, 1987; amended at 12 Ill. Reg. 16780, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6301, effective April 17, 1989; amended at 13 Ill. Reg. 19521, effective December 1, 1989; amended at 14 Ill. Reg. 14904, effective October 1, 1990; amended at 15 Ill. Reg. 1878, effective January 25, 1991; amended at 16 Ill. Reg. 623, effective January 1, 1992; amended at 16 Ill. Reg. 14329, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2390, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7974, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15073, effective September 3, 1993; amended at 17 Ill. Reg. 16167, effective January 1, 1994; amended at 17 Ill. Reg. 19235, effective October 26, 1993; amended at 17 Ill. Reg. 19547, effective November 4, 1993; amended at 17 Ill. Reg. 21031, effective November 20, 1993; amended at 18 Ill. Reg. 1453, effective January 14, 1994; amended at 18 Ill. Reg. 15807, effective October 15, 1994; amended at 19 Ill. Reg. 11525, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 535, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10106, effective July 15, 1996; amended at 20 Ill. Reg. 12101, effective SEP 10 1996.

SUBPART A: GENERAL PROVISIONS

Section 390.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the

individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No matter the purpose, adaptive equipment does not include any device, material or method described in Section 390.1310 as a physical restraint.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 390.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level

below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - Any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms* or behavior manifestations of mental illness. (Section 2-106 of the Act)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint by the facility to control resident behavior or maintain a resident, which is not in the resident's best interest, and with less use of the facility's effort and resources than would otherwise be required by the facility. This definition is limited to the definition of chemical restraint and Section 390.1310 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered to render medical care. Other titles often used to refer to DD Aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or

has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has 1 year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic

education.

Direct Supervision - work performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility, Intermediate Care - a facility which provides basic nursing

care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part, is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled.

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code [55 ILCS 5] *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act [210 ILCS 85];

Any "facility for child care" as defined in the Child Care Act of 1969 [225 ILCS 10];

Any "community living facility" as defined in the Community Living Facilities Licensing Act [210 ILCS 35];

Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such

nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Mental Health and Developmental Disabilities as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]; or

Any supportive residence licensed under the Supportive Residences Licensing Act [210 ILCS 65]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in this Part is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance, and personal care.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full-time - on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation, under, the General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, 90 percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Individual Education Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in this Part means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1985 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Facilities for the Developmentally Disabled (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and caregivers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death

or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheelchair, or a wheeled platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive device such as a walker, crutches, a wheelchair, or a wheeled platform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act) Neglect means the failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as

possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act [225 ILCS 90].

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

Psychiatrist - a physician who has had at least three years of forma. training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed to practice clinical psychology under the Clinical Psychologist Licensing Act [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable Visiting Hours - any time between the hours of 10:00 a.m. and 8:00 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid Illinois license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

~~Restraint--any-physical,-mechanical,-or-chemical-means,--or--the--use thereof,--that--restricts--movement--of--the-limbs,-head,-or-body-of-a resident,-except-when-used--as--a--safety--device--or--as--part--of--a medically--prescribed--procedure--for--the--treatment--of--an-existing physical-disorder-or-the--amelioration--of--a--physical--or--emotional handicap.~~

~~Mechanical--restraint--is--any-mechanical-device,-or-use-thereof, that-so-restricts-movement.~~

~~Physical-restraint-is-the-use-of-personal--human--force--that--so restricts-movement.~~

~~Chemical--restraint--is-the-use-of-any-chemical-that-so-restricts~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~movement.~~

~~Mechanical-supports-used-to--achieve--proper--body--position--and balance--are--not-restraints.-The-partial-or-total-immobilization of-a-resident-for-the-purpose-of--performing--a--medical/surgical procedure-is-not-restraint.~~

~~Restriction-----the--placement-of-a-limitation-on-a-resident's-rights, which-includes-the-use-of-restraints,-confinement,--aversive--stimuli and-time-out-exceeding-15-minutes-at-any-one-time.~~

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

~~Safety--Device-----any--equipment-or-protective--device-used-on-a-bed, chair,-or-resident--which--prevents--him--from--falling--or--otherwise injuring--himself.-Examples-are:--bedside-rails;-geriatric-or-adaptive chairs;-a-wide-band,-vest-or-sheet-applied-to-prevent-falling-out-of-a bed-or-chair;-and-hand-socks-applied-to--prevent-injuring-one's-self.~~

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door that the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered Care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker, Qualified - A person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a Corporation - any person who, directly or

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution; or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 390.140(a)(3) and 390.150(a)(3).

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 390.165(b)(1).

Sufficient - Same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 20 Ill. Reg. 12101, effective SEP 10 1996)

SUBPART E: HEALTH AND DEVELOPMENTAL SERVICES

Section 390.1040 Nursing Services

a) The facility shall have a written program of Nursing Services, providing for a planned medical program, encompassing nursing treatments, rehabilitation and habilitation nursing, skilled observations, and ongoing evaluation and coordination of the

resident's individual habilitation plan.

b) There shall be a sufficient number of nursing and auxiliary personnel on duty 24 hours each day to provide adequate and properly supervised nursing services to meet the nursing needs of the residents. There shall be at least one registered nurse seven days a week, for 8 consecutive hours. There shall be at least one registered nurse or licensed practical nurse on duty at all times and on each floor housing residents. Nursing staff personnel shall include registered professional nurses, licensed practical nurses, and auxiliary personnel as defined in Section 390.330 of this Part.

c) There shall be a director of nursing who shall be a registered nurse.

d) The director of nursing shall have knowledge and training in nursing service administration, restorative and habilitative nursing.

e) The director of nursing shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. At least 50 percent of this person's hours shall be regularly scheduled some time between 7 A.M. and 7 P.M.

1) A facility may, with written approval from the Department, have two registered nurses share the duties of this position if it is unable to obtain a full-time person. Such an arrangement will be granted approval only through written documentation that the facility was unable to obtain the full-time services of a qualified individual to fill this position. Such documentation shall include, but not be limited to: an advertisement that has appeared in a newspaper of general circulation in the area for at least three weeks; the names, addresses and phone numbers of all persons who applied for the position and the reasons why they were not acceptable or would not work full-time; and information about the number and availability of registered nurses in the area. The Department will grant approval only when such documentation indicates that there were no qualified applicants who were willing to accept the job on a full-time basis, and the pool of registered nurses available in the area cannot be expected to produce, in the near future, a qualified person who is willing to work full-time. If two persons are to share the position, one shall be designated the Director of Nursing Services and the other shall be designated the Assistant Director of Nursing Services. Both of these persons shall be R.N.s.

2) In facilities with a capacity of less than 50 beds, this person (or these persons), may also provide direct patient care, and this person's time may be included in meeting the staff/resident ratio requirements.

f) In facilities of 100 occupied beds or more, there shall be an assistant director of nursing who is a registered nurse licensed to practice in Illinois. The assistant must meet the qualifications specified in subsection (d) of this Section.

g) The assistant director of nursing shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. The assistant need

not work on the day shift but may be assigned to any shift.

h) The assistant director of nursing shall assist the director in carrying out her responsibilities.

i) The responsibilities of the director of nursing shall include, at a minimum, the following:

1) Assigning and directing the activities of nursing and auxiliary service personnel.

2) Planning an up-to-date resident care plan for each resident in cooperation with the interdisciplinary team based on individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Services such as nursing, developmental, activities, dietary, and such other modalities as are ordered by the physician, shall be reflected in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed every three months.

3) Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary.

4) Participating in planning and budgeting for nursing services including purchasing of necessary equipment and supplies.

5) Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing and auxiliary personnel.

6) Coordinating health services and nursing services with other resident care services such as medical, pharmaceutical, dietary activities, and any other restorative and habilitative services offered.

7) Planning of inservice education, embracing orientation, skill training, and ongoing education for all nursing personnel covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative and habilitative nursing techniques through out-of-facility or in-facility training programs. The director of nursing may conduct these programs personally or see to it that they are carried out.

8) Participating in the development and implementation of resident care policies and bringing resident care problems, requiring changes in policy, to the attention of the facility's policy development group. (See Section 390.610(a).)

9) Participating in the screening of prospective residents and their placement in terms of services they need and nursing competencies available.

j) Nursing care (including personal, habilitative and rehabilitative care measures) shall be practiced on a 24 hour, seven day a week basis in

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

the care of residents. Those procedures requiring medical approval shall be ordered by the attending physician.

k) Nursing care shall include at a minimum the following:
   1) All medications including oral, rectal, hypodermic, and intra-muscular shall be properly administered.
   2) All treatment such as: enemas, irrigations, catherizations, applications of dressing or bandages, supervision of special diets, restorative and habilitative measures in Section 390.1620(a)(11) and other treatments involving a like level of skill, shall be properly administered.
   3) All objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical, nursing or psychosocial evaluation and treatment shall be provided.

l) Each resident shall have his temperature taken daily unless otherwise ordered by the physician. If the temperature varies two degrees from the normal for the resident, the physician shall be notified.

m) Skin care shall be given to prevent pressure sores, heat rashes or other skin breakdown. Each resident with pressure sores, heat rashes or other skin breakdown shall be checked at least every two hours and given care as needed including clothing and diaper change. Skin care shall be given with each diaper change.

n) Skin care should be provided as follows:
   1) Bathing, clean linens, diapers, and clothing each time the bed or clothing is soiled. Rubber, plastic, or other types of linen protectors (newspapers not acceptable) shall be properly cleaned and completely covered to prevent direct contact with the resident. If rubber, plastic, or other type of waterproof materials are used for protective pants, they shall not come in direct contact with the resident. Special attention shall be given to the skin to prevent irritations, skin rashes, or ulcerations.
   2) Assistance in being up and out of bed as much as the condition of the resident permits. The resident may be denied this assistance only upon the written order of his physician. If the resident cannot move himself, he shall have his position changed every two hours or more as necessary.

o) All necessary precautions shall be taken to assure the safety of residents at all times, such as: nonslip wax on floors~~, side rails on beds, safe~~; equipment, adaptive equipment and assistive devices properly maintained~~;~~ and proper use of side rails on beds and restraints ~~safety devices~~. (See Section 390.2020(a)(2).) ~~(A, B)~~

p) Each resident shall perform all of the following personal care functions independently if possible. If unable to do so, assistance shall be provided by staff.
   1) Each resident shall bathe as often as necessary, but at least daily.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

   2) Each resident shall change clothing as often as necessary, but at least daily.
   3) Each resident shall shampoo as often as necessary, but at least weekly.
   4) Each resident shall clean and trim fingernails and toenails as often as necessary but at least weekly.
   5) Each resident shall perform oral hygiene as often as necessary, but at least daily.
   6) Each female resident shall be provided with commercial sanitary napkins during menses. Frequent cleansing of the perineal area shall be performed.

q) Haircuts shall be provided as needed. Socially acceptable hair styles and the wishes of the resident must be taken into consideration.

r) Each resident shall dress in street clothing and be out of bed at all times other than regularly scheduled sleeping or napping hours, unless contraindicated.

~~s) Adaptive equipment shall be provided to ensure the safety of the resident (such as seat belts, helmets, mitts, and special padding).~~

s)~~t)~~ Each resident shall be weighed upon admission and at least once a week thereafter unless otherwise ordered in writing by the physician. Any significant change shall be reported to the attending physician and dietitian.

t)~~u)~~ Each resident shall be encouraged and, if necessary, assisted in maintaining good body alignment while lying in bed, sitting or standing, through proper positioning and turning.

u)~~v)~~ Each resident shall be assisted in maintaining maximum joint range of motion, and active range of motion through proper exercises.

v)~~w)~~ Each resident shall be trained and encouraged to adopt food habits as near as possible to normal. Residents shall receive solids, unless otherwise ordered in writing by the physician. Each resident shall eat in as upright a position as possible and out of bed unless contraindicated.

w)~~x)~~ Each incontinent resident shall be assisted in regaining bowel and bladder patterns through proper bowel and bladder training or retraining. The use of indwelling catheters shall be discouraged.

x)~~y)~~ All residents shall be encouraged and, when necessary, taught to function at their maximum level in all activities of daily living for as long as and to the degree that they are able.

y)~~z)~~ All residents shall be assisted and encouraged with daily ambulation unless otherwise ordered by the physician.

z)~~aa)~~ All residents shall be taught and assisted with safe transfer activities in an effort to help them retain, regain, or gain their maximum level of independence.

aa)~~bb)~~ Staffing shall be based on the needs of the residents, and shall be determined by figuring the number of hours of personal and habilitative time each resident needs on each shift of the day. This determination shall be made separately for both licensed nursing personnel and other personal and habilitative care personnel.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Personal and habilitative personnel may include, in addition to licensed nurses, such persons as aides, orderlies, therapists, teachers, and any other person providing direct habilitative care to residents.

1) In a facility whose residents participate in regularly scheduled therapeutic programs outside the facility, such as school or sheltered workshops, the minimum hours of care that must be provided are reduced proportionately.
2) It is the responsibility of each facility to determine the staffing needed to meet the needs of its residents. It is the responsibility of the Department to verify that the staffing provided by the facility is sufficient to meet the needs of the residents.
3) The following figures apply to hours of care actually provided and not to hours of care scheduled to be provided.
4) Each resident shall be provided with a minimum of four hours of personal and habilitative care each day. The director of nursing shall not be included in hours of personal and habilitative care provided.
5) The facility shall schedule personnel in such a manner that the needs of all residents are met. At least 30 percent of the minimum required hours shall be on the day shift, at least 30 percent of the minimum required hours shall be on the evening shift, and at least ten percent of the minimum required hours shall be on the night shift. The total percentage must add up to 100 percent each day. At least 12.5 percent of the hours of care provided on each shift must be by licensed nursing personnel. Licensed nursing personnel may be used to replace other personal and habilitative care staff if the needs of the residents are met by such staffing.
6) Staffing Calculations
   A) When computing the number of staff hours needed per shift, any figure less than .25 will be dropped from the computation and any figure of .75 or higher will go to the next higher number. Figures in between .25 and .75 will require at least the amount of coverage indicated: .25 will require two hours of coverage; .3 will require two and one half hours of coverage; .5 will require four hours of coverage; .6 will require five hours of coverage; .74 will require six hours of coverage; .75 or higher will require eight hours of coverage.
   B) These hours may be provided by: a part-time person working those hours only on that shift each day; a full-time person working a shift that spans two regular shifts (such as from 12 noon to 8 P.M.); or by an additional full-time person on the shift. However, these figures are minimal staffing requirements, and it is recommended that a full-time person be provided.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

bb)~~cc)~~ In addition to the other requirements of this Section, the following also apply:

1) There shall be a licensed nurse designated as being in charge of nursing services on all shifts when neither the director of nursing nor assistant director of nursing are on duty. If registered nurses and licensed practical nurses are on duty on the same shift, this person shall be a registered nurse. This person may be a charge nurse on one of the nursing units.
2) There shall be at least one person awake, dressed and on duty at all times in each separate nursing unit.
3) There shall be at least one registered nurse on duty seven days per week, 8 consecutive hours.
4) There shall be at least one registered nurse or licensed practical nurse on duty at all times.
5) There shall be at least one registered nurse or licensed practical nurse on duty on each floor housing residents.
6) The need for licensed nurses on each nursing unit will be determined on an individual case basis, dependent upon the individual situation. If such additional staffing is required, the Department will inform the facility in writing of the kind and amount of additional staff time required, and the reason why it is needed.
7) The need for an additional licensed nurse to serve as a "house supervisor" will be determined on an individual case basis. If the Department determines that there is a need for a registered nurse on certain shifts whose sole duties will consist of supervising the nursing services of the facility, the Department shall notify the facility in writing when and why such a person is needed. This person shall not perform the duties of a charge nurse while serving as the "house supervisor".

(Source: Amended at 20 Ill. Reg. 12101, effective ~~SEP 10 1996~~)

SUBPART F: RESTRAINTS AND ~~AND SAFETY DEVICES~~ BEHAVIOR MANAGEMENT ~~AND BEHAVIOR EMERGENCIES~~

Section 390.1310 Restraints ~~and Safety Devices~~

a) The facility shall have ~~There shall be~~ written policies controlling ~~which are followed in the operation of the facility, covering~~ the use of physical restraints including, but not limited to leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a physical restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

resident from rising. Adaptive equipment is not considered a restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints ~~and confinements~~. ~~(B)~~

~~b) Restraints and confinements, as defined in Section 390.330 shall not be used except in an emergency or as an integral part of an individual Behavior Program ordered by a physician. The emergency use of mechanical or chemical restraints requires the written order of a physician. (See subsection (c) of this Section). Neither confinements nor restraints shall be used to punish or discipline a resident or as a convenience to the staff. (Safety devices such as vests, elbow cuffs, mittens, enclosed cribs or playpens, or other devices ordered by the physician may be applied to prevent a resident from falling or injuring himself.) (B)~~

~~c) There shall be written policies which are followed in the operation of the facility, controlling the use of safety devices. These policies shall be developed by the medical advisory committee with participation by nursing and administrative personnel. (B)~~

~~d) All safety devices shall be used only upon written order of the attending physician and for the safety and security of the residents. In an emergency a telephone order is acceptable if taken as specified in Section 390.1420(a). (B)~~

~~e) The reasons for ordering and using safety devices shall be recorded in the resident's clinical record. The recordings shall contain ongoing evaluations of need for the safety devices and the measures being taken to reduce or eliminate the need for their use.~~

~~f) A resident wearing a safety device shall have it released for a few minutes at least once every two hours, or more often if necessary unless otherwise ordered by a physician. Residents in orthopedic chairs shall be removed from such chairs for at least ten minutes every two hours or more often and assisted to ambulate if necessary and their physical condition permits. The resident's position shall be changed at these times, and good skin care or other nursing needs provided. (B)~~

~~b)g)~~ No physical restraints ~~safety device~~ with locks shall be used. ~~(B)~~

c) Physical restraints shall not be used on a resident for the purpose of discipline or convenience.

d) The use of chemical restraints is prohibited.

(Source: Amended at 20 Ill. Reg. 12101, effective SEP 10 1996)

Section 390.1312 Nonemergency Use of Physical Restraints

a) The use of high chairs, playpens, cribs or youth beds for children up until their fourth birthday shall not be considered a physical restraint.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

b) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:

1) the assessment of the resident's capabilities and an evaluation and *trial of less restrictive* alternatives that could prove effective;

2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her *highest practicable physical, mental or psychosocial well being*;

3) consultation with appropriate health professionals, such as rehabilitative nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and

4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the *highest practicable physical, mental, or psychosocial well being.* (Section 2-106(c) of the Act)

c) A physical *restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106(c) of the Act) Informed consent includes information about potential negative outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.

d) The informed consent may authorize the use of a physical restraint only for a specified period of time. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used.

e) After 50 percent of the period of physical restraint use authorized by the informed consent has expired, but not less than five days before it has expired, information about the actual effectiveness of the physical restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time. Information about the effectiveness of the physical restraint program and about any negative impact on the resident shall be provided in writing.

f) A physical *restraint may be applied only by* staff *trained in the application of the particular type of restraint.* (Section 2-106(d) of the Act)

g) *Whenever a period of use of a* physical *restraint is initiated, the resident shall be advised of his or her right to have a person or*

organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the physical *restraint, whether or not the guardian approved the notice.* A period of use is initiated when a physical restraint is applied to a resident for the first time under a new or renewed informed consent for the use of physical restraints. *If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the* physical *restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act) If the resident requests that the Guardianship and Advocacy Commission be contacted, the facility shall provide the following information, in writing, to the Guardianship and Advocacy Commission:

1) the reason the physical restraint was needed;
2) the type of physical restraint that was used;
3) the interventions utilized or considered prior to physical restraint and the impact of these interventions;
4) the length of time the physical restraint was to be applied; and
5) the name and title of the facility person who should be contacted for further information.

h) *Whenever a* physical *restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act)

i) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well being.

j) A resident wearing a physical restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate.

k) No form of seclusion shall be permitted.

(Source: Added at 20 Ill. Reg. 12101, effective SEP 10 1996)

Section 390.1314 Emergency Use of Physical Restraints

a) *If a resident needs emergency care,* physical *restraints may be used for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in question.* (Section 2-106(c) of the Act)

b) For this Section only, "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:

1) save the resident's life;
2) prevent the resident from doing serious mental or physical harm to himself/herself; or
3) prevent the resident from injuring another individual.

c) If a resident needs emergency care and other less restrictive interventions have proven ineffective, a physical restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or Medical Director shall be contacted. If a physician is not immediately available, a nurse with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used. The resident must be in view of a qualified staff person at all times until either the resident has been examined by a physician or the physical restraint has been removed. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met while the physical restraint is being used.

d) The emergency use of a physical restraint must be documented in the resident's record, including:

1) the behavior incident that prompted the use of the physical restraint;
2) the date and times the physical restraint was applied and released;
3) the name and title of the person responsible for the application and supervision of the physical restraint;
4) the action by the resident's physician upon notification of the physical restraint use;
5) the new or revised orders issued by the physician;
6) the effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident; and
7) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for physical restraints.

e) The facility's use of physical restraints shall comply with Sections 390.1312(e), (f), (g), and (j).

(Source: Added at 20 Ill. Reg. 12101, effective

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SEP 10 1996)

Section 390.1316 Unnecessary, Psychotropic, and Antipsychotic Drugs

a) *A resident shall not be given unnecessary drugs* in accordance with Section 390.Appendix C. In addition, *an unnecessary drug is any drug used:*
   1) *in an excessive dose, including in duplicative therapy;*
   2) *for excessive duration;*
   3) *without adequate monitoring;*
   4) *without adequate indications for its use; or*
   5) *in the presence of adverse consequences that indicate the drugs should be reduced or discontinued.* (Section 2-106.1(a) of the Act)

b) *Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of medications shall be described.

c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 390.Appendix C.

d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these drugs in accordance with Section 390.Appendix C.

e) For the purposes of this Section:
   1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.
   2) "Psychotropic medication" *means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations* (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Hospital Formulary Service Drug Information 1995 (American Society of

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Health Systems Pharmacists, 1995), or *the Physician's Desk Reference* (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)

3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

(Source: Added at 20 Ill. Reg. 12101, effective SEP 10 1996)

Section 390.1320 Behavior Management

a) Behavior management shall be conducted under the direction of a psychologist or Qualified Mental Retardation Professional with a behavior science education and one year of experience in behavior management.

b) The facility shall have written policies and procedures concerning behavior management as needed to meet the needs of the residents. These policies shall be directed to maximizing the growth and development of the resident and shall emphasize positive approaches. These policies shall contain at a minimum:
   1) A hierarchy of available methods from least to most restrictive.
   2) Policies that define the use of Individual Behavior Programs, the persons qualified to authorize them, and a mechanism for monitoring and controlling their use.

c) An Individual Behavior Program shall be developed for each resident, if deemed necessary by the facility's psychologist or Qualified Mental Retardation Professional. All Individual Behavior Programs shall be designed to facilitate the development of adaptive behaviors, replace maladaptive behaviors with those that are more adaptive and appropriate, and channel maladaptive behavior into more appropriate modes of expression. They shall utilize the least restrictive methods that are effective. When positive reinforcement is used solely for the purpose of improving adaptive or acceptable behavior, an Individual Behavior Program is not required. ~~(B)~~

d) Each Individual Behavior Program shall be reviewed and approved by the interdisciplinary team, which must include, for this review, a psychologist or a Qualified Mental Retardation Professional with a behavior science education and one year of experience in behavior management.

e) Each Individual Behavior Program shall specify:
   1) the behavior objectives of the program;
   2) the method to be used;
   3) the schedule for the use of the method;
   4) the person responsible for the program;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

5) the data to be collected to assess progress toward the objectives.

f) Each Individual Behavior Program shall be available in the appropriate program and living areas, and to the resident and his family.

g) The facility shall not permit residents to discipline other residents. ~~(B)~~

h) The facility shall maintain records of significant maladaptive behavior and the action taken by staff as a consequence of such behavior.

i) When food is provided as part of a behavior management program, its effect on nutrition and dental status shall be determined and considered. Such programs shall not employ, or result in, denial of a nutritionally adequate diet. ~~(B)~~

~~j) When restriction is used for behavior management: (B)~~

~~1) It may be utilized only as an integral part of an Individual Behavior Program and shall be designed to lead to a less restrictive way of managing and ultimately eliminating the maladaptive behavior for which the restriction was employed, except in an emergency;~~

~~2) The facility shall obtain a written order approving the Individual Behavior Program from a physician. The order shall describe the restrictions to be used;~~

~~3) The events leading up to the need for restriction shall be recorded in the resident's clinical record;~~

~~4) The resident's record shall document the fact that less restrictive methods of modifying or replacing the behavior have been systematically tried and have been demonstrated to be ineffective;~~

~~5) The informed consent of the resident, resident's guardian, or parent of a minor resident, as applicable, to the use of the Individual Behavior Program shall be obtained before implementation of the program;~~

~~6) The Individual Behavior Program shall, in addition to any other requirements of this Section 390.1320, specify the behavior to be modified and shall include explicit provision for gradual diminishing of the use of restriction and ultimate discontinuation of usage;~~

~~7) Any Individual Behavior Program utilizing chemical restraints shall specify a time limit not to exceed 30 days. The program may be renewed only on the order of a physician, for periods not to exceed 30 days at any one time;~~

~~8) Each use of restriction shall be recorded immediately in the resident's clinical record;~~

~~9) Aversive stimuli may be used only in an extreme last resort situation in which withholding it would be contrary to the best interest of the resident because his behavior is dangerous to himself or others and is extremely detrimental to his development. The resident's record shall document the fact that~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~less restrictive methods have been systematically tried and have been demonstrated to be ineffective. (B)~~

j)~~k)~~ When time out is used for behavior management: ~~(B)~~

1) It may be utilized only as an integral part of an Individual Behavior Program.

2) It may not include the use of seclusion.

3) The resident may be retained in a given area for a brief period of time. An open-top enclosure in which the resident can move freely and can see either over or through the sides may be utilized. A chair or mat must be provided, as appropriate.

4) Time out for more than 15 minutes at any one time, for more than a total of 30 minutes in any one hour period, or for more than a total of two hours in any eight hour period, shall be effected only upon the written order, on each occasion, of the facility administrator or other designated supervisory or professional personnel. Consecutive periods of time out separated by less than five minutes shall be considered as a single period of time out. The order shall state in detail the reason for the time out and may not be for a period of more than one hour. No order for further time out may be written unless the facility administrator or designated supervisory personnel on duty at the time has reviewed the situation with the staff and has documented the need for another period of time.

5) When time out exceeds 15 minutes at any one time, the situation shall be reviewed at least every 15 minutes by the facility administrator or designated supervisory personnel.

6) A staff member shall be assigned to visually check on each person in time out at least every 15 minutes.

7) A record must be kept for each period of time out. Each time a resident is placed in time out, entries shall be made, either in a separate log kept for this purpose or in the resident's record. For time out periods of 15 minutes or less, the following entries shall be made: name, number of periods of time out in a specified block of time (not to exceed four hours). For time out periods of more than 15 minutes, the following entries shall be made: resident's name, time in, time out, name of authorized person signing written order for time out, reason resident was placed in time out, and signature of staff member requesting time out. Staff members ~~member~~ assigned to 15 ~~fifteen (15)~~ minute checks must sign the log as the time checks are made, recording the time and the resident's condition.

8) All safety precautions shall be observed so that the resident ~~patient~~ cannot injure himself while in "time out." ~~(A,B)~~

k)~~l)~~ When behavior management is used to alleviate significant, chronic maladaptive behavior in a resident, it may be utilized only as an integral part of an Individual Behavior Program.

l)~~m)~~ No form of seclusion shall be permitted. ~~(B)~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 20 Ill. Reg. ~~12101~~, effective SEP 10 1996)

Section 390.1330 Behavior Emergencies (Repealed)

~~a) There shall be written policies which are followed in the operation of a facility when a behavior emergency occurs. (B)~~

~~b) If a resident becomes unmanageable, the attending physician shall be contacted immediately and the resident shall be examined by the physician as soon as possible. (B)~~

~~c) Mechanical or chemical restraints shall be used in a behavior emergency only upon a physician's order. The resident shall be examined by the physician within 48 hours from the time the restraint has commenced. When the physician is not immediately available, a nurse with supervisory responsibility, or the facility administrator may approve in writing the use of mechanical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician within eight hours, and a written order shall be obtained from the physician within 48 hours. If the original approval was issued by someone who is not a Registered Nurse, the approval is countersigned by a Registered Nurse within eight hours, or the restraint discontinued. (B)~~

~~1) No order for a restraint shall be valid for more than 48 hours. If further restraint is required, a new order must be signed by a physician. (B)~~

~~2) Restraints and confinements may be applied only by personnel trained in proper application and observation of the restraint. (B)~~

(Source: Repealed at 20 Ill. Reg. 12101, effective SEP 10 1996)

SUBPART G: MEDICATIONS

Section 390.1420 Conformance with Physician's Orders

a) All medications including cathartics, headache remedies, or vitamins shall be given only upon the written order of a physician. All such orders shall have the handwritten signature of the physician (Rubber stamp signatures are not acceptable.) These medications shall be given as prescribed by the physician and at the designated time. Telephone orders may be taken by a registered nurse or licensed practical nurse. All such orders shall be immediately written on the resident's clinical record, or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within 10 days.

b) The staff pharmacist or consultant pharmacist shall review the medical record, including physician orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 390.Appendix C, determine if there are irregularities which would cause potential adverse reactions, allergies, interactions, contraindications, or ineffectiveness. This review shall be done at the facility. Documentation of this review must be entered in the resident's clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, and the administrator.

c) A medication order not specifically limiting the time or number of doses shall be automatically stopped in accordance with written policy approved by the pharmaceutical advisory committee.

d) The resident's attending physician shall be notified of medications about to be stopped so that the physician may promptly renew such orders to avoid interruption of the resident's therapeutic regimen.

e) All medications to be released to the resident, or person responsible for his care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time (such as when attending a vocational training program or on a weekend ~~week-end~~ pass), shall be approved by the physician. A notation concerning their disposition shall be made on the resident's clinical record.

(Source: Amended at 20 Ill. Reg. 12101, effective SEP 10 1996)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 390.APPENDIX C Guidelines for the Use of Various Drugs

A. Long-Acting Benzodiazepine Drugs

Long-acting benzodiazepine drugs should not be used in residents unless an attempt with a shorter-acting drug (i.e., those listed under B. Benzodiazepine or Other Anxiolytic/Sedative Drugs, and under C. Drugs Used for Sleep Induction) has failed.

After an attempt with a shorter-acting benzodiazepine drug has failed, a long-acting benzodiazepine drug should be used only if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Its use results in maintenance or improvement in the resident's functional status;
3. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful; and
4. Its use is less than, or equal to, the following listed total daily doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the maintenance or improvement in the resident's functional status.

EXAMPLES OF LONG-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Flurazepam	(Dalmane)	15mg
Chlordiazepoxide	(Librium)	20mg
Clorazepate	(Tranxene)	15mg
Diazepam	(Valium)	5mg
Clonazepam	(Klonopin)	1.5mg
Quazepam	(Doral)	7.5mg
Halazepam	(Paxipam)	40mg

NOTES:

When diazepam is used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia or seizure disorders), this Guideline does not apply.

When long-acting benzodiazepine drugs are being used to withdraw residents from short-acting benzodiazepine drugs, this Guideline does not apply.

When clonazepam is used in bi-polar disorders, management of tardive dyskinesia, nocturnal myoclonus or seizure disorders, this Guideline does not apply.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

The daily doses listed under Long-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is "clinically contraindicated."

B. Benzodiazepine or other Anxiolytic/Sedative Drugs

Use of the listed Anxiolytic/Sedative drugs for purposes other than sleep induction should only occur if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Use results in a maintenance or improvement in the resident's functional status;
3. Daily use (at any dose) is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful;
4. Use is for one of the following indications as defined by the Diagnostic and Statistical Manual of Mental Disorders; Fourth Edition (DSM-IV):
   Generalized anxiety disorder;
   Organic mental syndromes (now called dementia, delirium and amnestic and other "cognitive disorders" by DSM-IV) with associated agitated states which are quantitatively and objectively documented, which are persistent and not due to preventable reasons and which constitute sources of distress or dysfunction to the resident or represent a danger to the resident or others;
   Panic disorder;
   Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder (e.g., depression, adjustment disorder); and
5. Use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the improvement or maintenance in the resident's functional status.

EXAMPLES OF SHORT-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Lorazepam	(Ativan)	2mg

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Oxazepam	(Serax)	30mg
Alprazolam	(Xanax)	0.75mg

EXAMPLES OF OTHER ANXIOLYTIC AND SEDATIVE DRUGS

Generic	Brand	Daily Oral Dosage
Diphenhydramine	(Benadryl)	50mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	750mg

NOTES:

This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection.

The daily doses listed under Short-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that a gradual dose reduction is "clinically contraindicated."

Diphenhydramine, hydroxyzine and chloral hydrate are not necessarily drugs of choice for treatment of anxiety disorders. They are only listed here in the event of their potential use.

C. Drugs Used for Sleep Induction

Drugs used for sleep induction should only be used if:

1. Evidence exists that other possible reasons for insomnia (e.g., depression, pain, noise, light, caffeine) have been ruled out;
2. The use of a drug to induce sleep results in the maintenance or improvement of the resident's functional status;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

3. Daily use of the drug is less than ten continuous days unless an attempt at a gradual dose reduction is unsuccessful;
4. The dose of the drug is equal to or less than the following listed doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for maintenance or improvement in the resident's functional status.

EXAMPLES OF HYPNOTIC DRUGS (not maximum doses)

Generic	Brand	Oral Dosage
Temazepam	(Restoril)	7.5mg
Triazolam	(Halcion)	0.125mg
Lorazepam	(Ativan)	1mg
Oxazepam	(Serax)	15mg
Alprazolam	(Xanax)	0.25mg
Estazolam	(ProSom)	0.5mg
Diphenhydramine	(Benadryl)	25mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	500mg
Zolpiden	(Ambien)	5mg

NOTES:

Diminished sleep in the elderly is not necessarily pathological.

The doses listed are doses for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

Diphenhydramine, hydroxyzine, and chloral hydrate are not necessarily drugs of choice for sleep disorders. They are listed here only in the event of their potential use.

For drugs in this category, a gradual dose reduction should be attempted at least three times within six months before one can conclude that a gradual dose reduction is "clinically contraindicated."

D. Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs

The initiation of the following hypnotic/sedative/anxiolytic drugs should not occur in any dose for any resident. (See Notes for exceptions.) Residents currently using these drugs or residents admitted to the facility while using these drugs should receive gradual dose reductions as part of a plan to eliminate or modify the symptoms for which they are prescribed. A gradual dose reduction should be attempted at least twice within one year

before one can conclude that the gradual dose reduction is clinically contraindicated. Newly admitted residents using these drugs may have a period of adjustment before a gradual dose reduction is attempted.

(Caution: The rapid withdrawal of these drugs might result in severe physiological withdrawal symptoms.)

EXAMPLES OF BARBITURATES

Generic	Brand
Amobarbital	(Amytal)
Amobarbital-Secobarbital	(Tuinal)
Butabarbital	(Butisol, others)
Pentobarbital	(Nembutal)
Secobarbital	(Seconal)
Phenobarbital	(Many Brands)
Barbiturates with other drugs	(e.g., Fiorinal)

EXAMPLES OF MISCELLANEOUS HYPNOTIC/SEDATIVE/ANXIOLYTICS

Generic	Brand
Ethchlorvynol	(Placidyl)
Glutethimide	(Doriden)
Meprobamate	(Equinal, Miltown)
Methprylon	(Noludar)
Paraldehyde	(Many Brands)

NOTES:

Any sedative drug is excepted from this Guideline when used as a single dose sedative for dental or medical procedures.

Phenobarbital is excepted from this Guideline when used in the treatment of seizure disorders.

When Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs are used outside these Guidelines, they may be unnecessary drugs as a result of inadequate indications for use.

E. Antipsychotic Drugs

The following examples of antipsychotic drugs should not be used in excess of the listed doses for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV) unless higher doses (as evidenced by the resident's response or the

resident's clinical record) are necessary to maintain or improve the resident's functional status.

EXAMPLES OF ANTIPSYCHOTIC DRUGS FOR RESIDENTS WITH ORGANIC MENTAL SYNDROMES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Chlorpromazine	(Thorazine)	75mg
Promazine	(Sparine)	150mg
Triflupromazine	(Vesprin)	20mg
Thioridazine	(Mellaril)	75mg
Mesoridazine	(Serentil)	25mg
Acetophenazine	(Tindal)	20mg
Perphenazine	(Trilafon)	8mg
Fluphenazine	(Prolixin, Permitil)	4mg
Trifluoperazine	(Stelazine)	8mg
Chlorprothixene	(Taractan)	75mg
Thiothixene	(Navane)	7mg
Haloperidol	(Haldol)	4mg
Molindone	(Moban)	10mg
Loxapine	(Loxitane)	10mg
Clozapine	(Clozaril)	50mg
Prochlorperazine	(Compazine)	10mg
Risperidone	(Resperdal)	4mg

NOTES:

The doses listed are daily doses (usually administered in divided doses) for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV). The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it is necessary for the maintenance or improvement in the resident's functional status.

The "specific conditions" for use of antipsychotic drugs are listed under this Guideline under G.

The dose of prochlorperazine may be exceeded for short term (seven day) treatment of nausea and vomiting. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time.

When antipsychotic drugs are used outside these Guidelines, they may be deemed unnecessary drugs as a result of excessive doses.

F. Monitoring for Antipsychotic Drug Side Effects

The facility assures that residents who are undergoing antipsychotic drug therapy receive adequate monitoring for significant side effects of such therapy with emphasis on the following:

1. Tardive dyskinesia;
2. Postural (orthostatic) hypotension;
3. Cognitive/behavior impairment;
4. Akathisia; and
5. Parkinsonism.

When antipsychotic drugs are used without monitoring for these side effects, they may be unnecessary drugs because of inadequate monitoring.

G. Use of Antipsychotic Drugs

Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions":

1. Schizophrenia;
2. Schizo-affective disorder;
3. Delusional disorder;
4. Psychotic mood disorders (including mania and depression with psychotic features);
5. Acute psychotic episodes;
6. Brief reactive psychosis;
7. Schizophreniform disorder;
8. Atypical psychosis;
9. Tourette's disorder;
10. Huntington's disease;
11. Organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV) with associated psychotic and/or agitated behaviors:

    Which have been quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented. This documentation is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, (e) ruling out medical causes such as pain, constipation, fever, infection;
    Which are persistent;
    Which are not caused by preventable reasons; and
    Which are causing the resident to:
        Present a danger to her/himself or to others,
        Continuously cry, scream, yell, or pace if these specific

        behaviors cause an impairment in functional capacity, or
        Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or
12. Short term (seven days) symptomatic treatment of hiccups, nausea, vomiting or pruritus. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can be treated for longer periods of time.

Antipsychotics should not be used if one or more of the following is/are the only indication:

1. Wandering,
2. Poor self care,
3. Restlessness,
4. Impaired memory,
5. Anxiety,
6. Depression (without psychotic features),
7. Insomnia,
8. Unsociability,
9. Indifference to surroundings,
10. Fidgeting,
11. Nervousness,
12. Uncooperativeness, or
13. Agitated behaviors which do not represent danger to the resident or others.

H. Antipsychotic Drug Gradual Dose Reduction

Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug. The gradual dose reduction should be under close supervision. If the gradual dose reduction is causing an adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether.

"Behavioral interventions" means modification of the resident's behavior or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral symptoms.

"Clinically contraindicated" means that a resident need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has a "specific condition" (as listed in these Guidelines under G, 1-11) and has a history of recurrence of psychotic symptoms (e.g., delusions,

hallucinations) which have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects (e.g., tardive dyskinesia). In residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV), "clinically contraindicated" means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was prescribed to a degree that a cessation in the gradual dose reduction, or a return to previous dose levels, was necessary. The resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric and medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment, or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record.

I. Antidepressant Drugs

The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objective evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drugs. The following is a list of commonly used antidepressant drugs:

EXAMPLES OF ANTIDEPRESSANT DRUGS

Generic	Brand
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)
Sertaline	(Zoloft)
Trazodone	(Desyrel)

Clomipramine	(Anafranil
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)
Phenelzine	(Nardil)
Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)

J. Exceptions to These Guidelines

The facility shall have the opportunity to provide a rationale for the use of drugs prescribed outside these Guidelines. The facility may not justify the use of a drug prescribed outside these Guidelines solely on the basis of "the doctor ordered it." The rationale must be based on sound risk-benefit analysis of the resident's symptoms and potential adverse effects of the drug.

The unnecessary drug criterion of "adequate indications for use" does not simply mean that the physician's order must include a reason for using the drug (although such order writing is encouraged). It means that the resident lacks a valid clinical reason for use of the drug as evidenced by the evaluation of some, but not necessarily all, of the following: resident assessment, plan of care, reports of significant change, progress notes, laboratory reports, professional consults, drug orders, observation and interview of the resident, and other information.

In determining whether an antipsychotic drug is without a "specific condition" or that "gradual dose reduction and behavioral interventions" have not been performed, the facility shall justify why using the drug outside these Guidelines is in the best interest of the resident.

Examples of evidence that would support a justification of why a drug is being used outside these Guidelines but in the best interests of the resident may include, but are not limited to:

1. A physician's note indicating, for example, that the dosage, duration, indication, and monitoring are clinically appropriate, and the reasons why they are clinically appropriate; this note should demonstrate that the physician has carefully considered the risk/benefit to the resident in using drugs outside these Guidelines;
2. A medical or psychiatric consultation or evaluation (e.g., Geriatric Depression Scale) that confirms the physician's judgment that use of a drug outside these Guidelines is in the best interest of the resident;
3. Physician, nursing, or other health professional documentation

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

indicating that the resident is being monitored for adverse consequences or complications of the drug therapy;

4. Documentation confirming that previous attempts at dosage reduction have been unsuccessful;

5. Documentation (such as MDS documentation) showing resident's subjective or objective improvement, or maintenance of function while taking the medication;

6. Documentation showing that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine whether a particular drug, or a particular dose, or duration of therapy, may be the cause;

7. Documentation showing why the resident's age, weight, or other factors would require a unique drug dose or drug duration, indication, monitoring; and

8. Other evidence which may be appropriate.

(Source: Added at 20 Ill. Reg. 12101, effective SEP 10 1996)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Sheltered Care Facilities Code

2) Code Citation: 77 Ill. Adm. Code 330

3)

Section Numbers:	Adopted Action:
330.330	Amendments
330.1140	Repealer
330.1145	New Section
330.1150	New Section
330.1155	New Section
330.Appendix	New Section

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective Date of Amendments: September 10, 1996

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations By Reference? No

8) Date Filed in Agency's Principal Office: September 10, 1996

9) Date Notice(s) of Proposal was Published in Illinois Register: October 20, 1995 - 19 Ill. Reg. 14660

10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? No

11) Difference Between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:

1. On line 261, following the semi-colon, add, "emergency amendments at 20 Ill. Reg. 552, effective January 1, 1996, for 150 days;"

2. Do not strike the words on lines 265, 266 and 267.

3. On line 1211, after the word "BENZODIAZEPINES" add "(not maximum doses)".

4. Delete line 1217.

5. Add following line 1220, "Halazepam" (under the column headed "Generic"), "(Paxipam)" (under the column headed "Brand"), and "40 mg" (under the column headed "Daily Oral Dosage".

6. On line 1251, add the following before the semi-colon, "; Fourth Edition (DSM-IV)".

7. On line 1253, delete the following "(including dementia)" and add "(now called dementia, delirium and amnestic and other "cognitive disorders" by DSM-IV)".

8. On line 1255, add the following after the word "documented": "which are persistent and not due to preventable reasons".

9. On line 1267, after the word "BENZODIAZEPINES" add "(not maximum doses)".

10. Delete line 1273.

11. Add the following on line 1280 after the word "NOTES": "This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection."

12. On line 1306, after the word "DRUGS", add "(not maximum doses".

13. On line 1308, replace "15 mg" with "7.5 mg".

14. Replace line 1313 by putting "Estazolam" in the first column, "(ProSom)" in the second column, and "0.5 mg" in the third column.

15. Between lines 1316 and 1317, add "Zolpiden" to the first column, "(Ambien)" to the second column, and "5 mg" to the third column.

16. Delete line 1348.

17. On line 1349, add ", others" after the word "Butisol".

18. Between lines 1350 and 1351, add "Secobarbital" to the first column and "(Seconal)" to the second column.

19. On line 1351, replace "(Luminal" with "(Many Brands)".

20. On line 1362, replace "Amobarbital" with "Any sedative drug".

21. On line 1372, replace "(e.g., dementia, delirium)" with "now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

22. On line 1376, after the word "SYNDROMES", add "(not maximum doses)".

23. Add between lines 1394 and 1395, "Risperdone" in the first column, "(Resperdal)" to the second column and "4 mg" to the third column.

24. On line 1397, after the word "syndromes" add: "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

25. On line 1403, replace "under" with the word "item".

26. Add after the sentence ending on line 1405, "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time."

27. On line 1434, replace "(including dementia and delirium)" with "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

28. On line 1437, replace the semi-colon with a period and add "This documentation is necessary to assist in: (1) assessing whether the resident's behavioral symptom is in need of some form of intervention, (2) determining whether the behavioral symptom is transitory or permanent, (3) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (4) ruling out environmental causes such as excessive heat, noise, overcrowding, (5) ruling out medical causes such as pain, constipation, fever, infection;".

29. Between line 1437 and 1438, add "b. Which are persistent; and".

30. After the sentence ending on line 1450, add: "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can be treated for longer periods of time."

31. Delete lines 1467 through 1481.

32. On line 1496, replace the word "with", with "need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has".

33. Add "and" between the parenthesis and the word "who" on line 1497.

34. On line 1501, put a period after the parenthesis and delete the rest of the sentence.

35. On line 1502, replace "(e.g., dementia, delirium)" with "(now called dementia, delirium, and amnestic and other "cognitive disorders" by

DSM-IV)".

36. On line 1507, add "the resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric and medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment, or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record."

37. Between lines 1507 and 1508, add:

I. Antidepressant Drugs

The facility is not required to use behavioral monitoring charts (e.g., documenting quantitatively (number of episodes) and objectively (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) when antidepressant drugs are used. The following is a list of commonly used antidepressant drugs:

Examples of Antidepressant Drugs

Generic	Brand
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)
Sertaline	(Zoloft)
Trazodone	(Desyrel)
Clomipramine	(Anafranil)
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)

Phenelzine	(Nardil)
Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)

38. Line 1508, replace "I." with "J.".

39. On line 1513, replace "problem" with "symptoms".

40. Change source notes to "20 Ill. Reg." from "19 Ill. Reg.".

The following changes were made in response to comments and suggestions of the Joint Committee on Adminstrative Rules:

1. In line 262, add "a maximum of" after "for".

2. In line 1258, add a comma after "documented".

3. In line 1421, delete "item".

4. In line 1459-67, change "(1)" through "(5)" to "(a)" through "(e)".

5. In line 1469, delete "and".

6. Change lines 1542-45 to the following:

"The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objective evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drug. The following".

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? The Department has made all the changes to which it agreed with the Joint Committee.

13) Will the Rules Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

15) Summary and Purpose of Rules: Changes to Section 330.330 ("Definitions") include:

the addition of definitions for the terms Adaptive Equipment; Chemical Restraint; Convenience; Discipline; Physical Restraint; the deletion of definitions for the terms Restraint of a Resident; and Safety Device.

These changes are in response to Public Act 88-413 (effective August 20, 1993).

Section 330.1140 ("Behavior Emergencies") is being repealed.

A new Section 330.1145 entitled "Restraints" is being added in response to P.A. 88-413. This Section requires facilities to have written policies controlling the use of restraints; prohibits the use of restraints with locks; states that physical restraints shall only be used in an emergency as specified in Section 330.1142; prohibits the use of physical restraints on a resident for the purpose of discipline or convenience.

A new Section 330.1150 entitled "Emergency Use of Restraints" is being added. This Section defines "emergency care," establishes procedures for the use of restraints in emergency situations, and sets forth requirements for documentation of the use of restraints in the resident record. Provisions concerning informed consent, staff training, and resident rights are also included. The rules also prohibit any form of seclusion.

A new Section 330.1155 entitled "Unnecessary, Psychotropic, and Antipsychotic Drugs" is being added. The rule sets forth the circumstances in which the use of a drug would be "unnecessary"; defines the terms "duplicative drug therapy," psychotropic medication," and "antipsychotic drug"; and includes provisions for informed consent, documentation, and dose reductions and behavior interventions.

Section 330.Appendix E is added to include, as required by P.A. 88-413, the standards for unnecessary drugs contained in the interpretive guidelines issued by the U.S. Department of Health and Human Services for the purposes of administering Titles 18 and 19 of the Social Security Act.

16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Ms. Gail DeVito
Division of Governmental Affairs
Department of Public Health
535 West Jefferson, Fifth Floor

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Springfield, Illinois 62761
217/782-6187

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 330
SHELTERED CARE FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART B: ADMINISTRATION

SUBPART C: POLICIES

SUBPART D: PERSONNEL

SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

SUBPART F: RESTORATIVE SERVICES

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART G: MEDICATIONS

SUBPART H: RESIDENT AND FACILITY RECORDS

SUBPART I: FOOD SERVICE

SUBPART J: MAINTENANCE, HOUSEKEEPING AND LAUNDRY

SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW SHELTERED CARE FACILITIES

SUBPART N: FIRE PROTECTION STANDARDS FOR NEW SHELTERED CARE FACILITIES

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART O: DESIGN AND CONSTRUCTION STANDARDS FOR EXISTING SHELTERED CARE FACILITIES

SUBPART P: FIRE PROTECTION STANDARDS FOR EXISTING SHELTERED CARE FACILITIES

SUBPART Q: RESIDENT'S RIGHTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART R: DAY CARE PROGRAMS

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 807, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 933, effective July 28, 1980; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14547, effective November 8, 1982; amended at 6 Ill. Reg. 14681, effective November 15, 1982; amended at 7 Ill. Reg. 1963, effective January 28, 1983; amended at 7 Ill. Reg. 6973, effective May 17, 1983; amended at 7 Ill. Reg. 15825, effective November 15, 1983; amended at 8 Ill. Reg. 15596, effective August 15, 1984; amended at 8 Ill. Reg. 15941, effective August 17, 1984; codified at 8 Ill. Reg. 19790; amended at 8 Ill. Reg. 24241, effective November 28, 1984; amended at 8 Ill. Reg. 24696, effective December 7, 1984; amended at 9 Ill. Reg. 2952, effective February 25, 1985; amended at 9 Ill. Reg. 10974, effective July 1, 1985; amended at 11 Ill. Reg. 16879, effective October 1, 1987; amended at 12 Ill. Reg. 1017, effective December 24, 1987; amended at 12 Ill. Reg. 16870, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6562, effective April 17, 1989; amended at 13 Ill. Reg. 19580, effective December 1, 1989; amended at 14 Ill. Reg. 14928, effective

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

October 1, 1990; amended at 15 Ill. Reg. 516, effective January 1, 1991; amended at 16 Ill. Reg. 651, effective January 1, 1992; amended at 16 Ill. Reg. 14370, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2405, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8000, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15089, effective September 3, 1993; amended at 17 Ill. Reg. 16180, effective January 1, 1994; amended at 17 Ill. Reg. 19258, effective October 26, 1993; amended at 17 Ill. Reg. 19576, effective November 4, 1993; amended at 17 Ill. Reg. 21044, effective November 20, 1993; amended at 18 Ill. Reg. 1475, effective January 14, 1994; amended at 18 Ill. Reg. 15851, effective October 15, 1994; amended at 19 Ill. Reg. 11567, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 552, effective January 1, 1996, for a maximum of 150 days; emergency expired on May 29, 1996; amended at 20 Ill. Reg. 10125, effective July 15, 1996; amended at 20 Ill. Reg. 12160, effective SEP 10 1996.

SUBPART A: GENERAL PROVISIONS

Section 330.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual Assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No matter the purpose, adaptive equipment does not include any device, material or method described in Section 330.1145 as a physical restraint.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of

review.

Administrative Warning - a notice to a facility issued by the Department under Section 330.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Charge Nurse - a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms* or behavior manifestations of mental illness. (Section 2-106 of the Act)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint by the facility to control resident behavior or maintain a resident, which is not in the resident's best interest, and with less use of the facility's effort and resources than would otherwise by required by the facility. This definition is limited to the definition of chemical restraint and Section 330.1145 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered to render medical care. Other titles often used to refer to DD Aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or

has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Supervision - work performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled.

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code [55 ILCS 5] *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "facility" may consist of more than one building as long as

the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act [210 ILCS 85];

Any "facility for child care" as defined in the Child Care Act of 1969 [225 ILCS 10];

Any "community living facility" as defined in the Community Living Facilities Licensing Act [210 ILCS 35];

Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Mental Health and Developmental Disabilities as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]; or

Any supportive residence licensed under the Supportive Residences Licensing Act [210 ILCS 65]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in this Part is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance and personal care.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full time - on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under the General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides

maintenance, personal care, nursing or sheltered care to three or more residents, 90 percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Individual Education Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in this Part means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1985 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and caregivers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder

of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheelchair, or a wheeled platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive device such as a walker, crutches, a wheelchair, or a wheeled platform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act) Neglect means the failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a

resident or in the deterioration of a resident's physical or medical condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no

more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is

incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act [225 ILCS 90].

Physician - any person licensed to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed to practice clinical psychology under the Clinical Psychologist Licensing Act [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable Visiting Hours - any time between the hours of 10 A.M. and 8 P.M. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid Illinois license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

~~Restraint--of--a--Resident---the--application--of--a--device--to--limit movements.~~

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

~~Safety--Device---any--equipment--or--protective--device-used-on-a-bed,-chair,-or-resident--which--prevents--him--from--failing--or--otherwise injuring-himself.--Examples-are:--bedside-rails;-geriatric-or-adaptive chairs;-a-wide-band,-vest-or-sheet-applied-to-prevent-falling-out-of-a bed-or-chair;-and-hand-socks-applied-to-prevent-injuring-one's-self.~~

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door that the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered Care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker, Qualified - a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Stockholder of a Corporation - any person who, directly or indirectly, *beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation.* (Section 1-125 of the Act)

Story - when used in this Part means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 330.140(a)(3) and 330.150(a)(3).

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 330.165(b)(1).

Sufficient - same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 20 Ill. Reg. ~~12160~~ effective SEP 10 1996)

SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

Section 330.1140 Behavior Emergencies (Repealed)

~~a) If a resident becomes disturbed or unmanageable, the resident shall be examined by the resident's physician or psychiatrist. This medical examination shall be made promptly.~~

~~b) No form of seclusion shall be permitted.~~

~~c) Restraints shall be used only in an emergency to protect the resident from harming himself or harming other residents, visitors or staff. If it is necessary to use restraints for this purpose, the attending physician shall be contacted immediately for his orders for this emergency. In the event the attending physician is not immediately available, the facility's advisory physician shall be contacted for such orders. This emergency use of restraints shall only be temporary and for a short period of time until other arrangements can be made to transfer the resident to an appropriate facility or until the resident can be restored through medical treatment to his normal behavior pattern. In a single emergency, restraints shall not be used for a period of more than four hours. If a restraint is used for more than two hours, it must be released for a few minutes at least once every two hours, or more often if necessary. There must be close observation of the resident while a restraint is being used. No restraints with locking devices may be used.~~

~~d) The reason for using the restraint must be recorded in the resident's record and if retained in the facility for a short period for medical treatment, the attending physician must indicate the need for the use of a restraint in the resident's record. If the physician's order is a telephone order, it shall be immediately recorded on the resident's record and countersigned by the physician within 72 hours in the same manner as physicians orders for medications in an emergency.~~

~~e) There shall be written policies which are followed in the operation of the facility, covering the use of restraints.~~

(Source: Repealed at 20 Ill. Reg. 12160, effective SEP 10 1996)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 330.1145 Restraints

a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part.

b) No physical restraints with locks shall be used.
c) Physical restraints shall only be used in an emergency as specified in Section 330.1150.
d) Physical restraints shall not be used on a resident for the purposes of discipline or convenience.
e) The use of chemical restraints is prohibited.

(Source: Added at 20 Ill. Reg. 12160, effective SEP 10 1996)

Section 330.1150 Emergency Use of Physical Restraints

a) *If a resident needs emergency care,* physical *restraints may be used for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of treatment in question.* (Section 2-106(c) of the Act)
b) For this Section only "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:
   1) save the resident's life;
   2) prevent the resident from doing serious mental or physical harm to himself/herself; or
   3) prevent the resident from injuring another individual.
c) If a resident needs emergency care and other less restrictive interventions have proved ineffective, a physical restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or medical director shall be contacted. If a physician is not immediately available, a nurse with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used. The resident must be in view of a staff person at all times until either the resident has been examined by a physician or the physical restraint is removed. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met while the temporary restraint is being used.
d) The emergency use of a physical restraint must be documented in the resident's record, including:
   1) the behavior incident that prompted the use of the physical restraint;
   2) the date and times the physical restraint was applied and released;

   3) the name and title of the person responsible for the application and supervision of the physical restraint;
   4) the action by the resident's physician upon notification of the physical restraint use;
   5) the new or revised orders issued by the physician;
   6) the effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident; and
   7) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for physical restraints.
e) A physical *restraint may be applied only by staff trained in the application of the particular type of restraint.* (Section 2-106(d) of the Act)
f) *Whenever a period of use of a* physical *restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the* physical *restraint.* A period of use of a physical restraint is initiated when a physical restraint is applied to a resident for the first time. *A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the* physical *restraint, whether or not the guardian approved the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the* physical *restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act) If the resident requests that the Guardianship and Advocacy Commission be contacted, the facility shall provide the following information in writing to the Guardianship and Advocacy Commission:
   1) the reason the physical restraint was needed;
   2) the type of physical restraint that was used;
   3) the interventions utilized or considered prior to physical restraint and the impact of these interventions;
   4) the length of time the physical restraint was to be applied; and
   5) the name and title of the facility person who should be contacted for further information.
g) *Whenever a* physical *restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act)
h) No form of seclusion shall be permitted.

(Source: Added at 20 Ill. Reg. 12160, effective SEP 10 1996)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs

a) *A resident shall not be given unnecessary drugs* in accordance with Section 330.Appendix E. In addition, *an unnecessary drug is any drug used:*
   1) *in an excessive dose, including in duplicative therapy;*
   2) *for excessive duration;*
   3) *without adequate monitoring;*
   4) *without adequate indications for its use; or*
   5) *in the presence of adverse consequences that indicate the drugs should be reduced or discontinued.* (Section 2-106.1(a) of the Act)

b) *Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.

c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 330.Appendix E.

d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, in an effort to discontinue these drugs in accordance with Section 330.Appendix E unless clinically contraindicated.

e) For the purposes of this Section:
   1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.
   2) "Psychotropic medication" *means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations* (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Society of Health Systems Pharmacists, 1995), or *the Physicians Desk Reference* (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)
   3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Added at 20 Ill. Reg. ~~12160~~, effective SEP 10 1996)

Section 330.APPENDIX E Guidelines for the Use of Various Drugs

A. Long-Acting Benzodiazepine Drugs

Long-acting benzodiazepine drugs should not be used in residents unless an attempt with a shorter-acting drug (i.e., those listed under B. Benzodiazepine or Other Anxiolytic/Sedative Drugs, and under C. Drugs Used for Sleep Induction) has failed.

After an attempt with a shorter-acting benzodiazepine drug has failed, a long-acting benzodiazepine drug should be used only if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Its use results in maintenance or improvement in the resident's functional status;
3. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful; and
4. Its use is less than, or equal to, the following listed total daily doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the maintenance or improvement in the resident's functional status.

EXAMPLES OF LONG-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Flurazepam	(Dalmane)	15mg
Chlordiazepoxide	(Librium)	20mg
Clorazepate	(Tranxene)	15mg
Diazepam	(Valium)	5mg
Clonazepam	(Klonopin)	1.5mg
Quazepam	(Doral)	7.5mg
Halazepam	(Paxipam)	40mg

NOTES:

When diazepam is used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia or seizure disorders), this Guideline does not apply.

When long-acting benzodiazepine drugs are being used to withdraw residents from short-acting benzodiazepine drugs, this Guideline does not apply.

When clonazepam is used in bi-polar disorders, management of tardive dyskinesia, nocturnal myoclonus or seizure disorders, this Guideline does not apply.

The daily doses listed under Long-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is "clinically contraindicated."

B. Benzodiazepine or other Anxiolytic/Sedative Drugs

Use of the listed Anxiolytic/Sedative drugs for purposes other than sleep induction should only occur if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Use results in a maintenance or improvement in the resident's functional status;
3. Daily use (at any dose) is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful;
4. Use is for one of the following indications as defined by the Diagnostic and Statistical Manual of Mental Disorders; Fourth Edition (DSM-IV):
   Generalized anxiety disorder;
   Organic mental syndromes (now called dementia, delirium and amnestic and other "cognitive disorders" by DSM-IV) with associated agitated states which are quantitatively and objectively documented, which are persistent and not due to preventable reasons and which constitute sources of distress or dysfunction to the resident or represent a danger to the resident or others;
   Panic disorder;
   Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder (e.g., depression, adjustment disorder); and
5. Use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the improvement or maintenance in the resident's functional status.

EXAMPLES OF SHORT-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Lorazepam	(Ativan)	2mg

Oxazepam	(Serax)	30mg
Alprazolam	(Xanax)	0.75mg

EXAMPLES OF OTHER ANXIOLYTIC AND SEDATIVE DRUGS

Generic	Brand	Daily Oral Dosage
Diphenhydramine	(Benadryl)	50mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	750mg

NOTES:

This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection.

The daily doses listed under Short-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that a gradual dose reduction is "clinically contraindicated."

Diphenhydramine, hydroxyzine and chloral hydrate are not necessarily drugs of choice for treatment of anxiety disorders. They are only listed here in the event of their potential use.

C. Drugs Used for Sleep Induction

Drugs used for sleep induction should only be used if:

1. Evidence exists that other possible reasons for insomnia (e.g., depression, pain, noise, light, caffeine) have been ruled out;
2. The use of a drug to induce sleep results in the maintenance or improvement of the resident's functional status;

3. Daily use of the drug is less than ten continuous days unless an attempt at a gradual dose reduction is unsuccessful;
4. The dose of the drug is equal to or less than the following listed doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for maintenance or improvement in the resident's functional status.

EXAMPLES OF HYPNOTIC DRUGS (not maximum doses)

Generic	Brand	Oral Dosage
Temazepam	(Restoril)	7.5mg
Triazolam	(Halcion)	0.125mg
Lorazepam	(Ativan)	1mg
Oxazepam	(Serax)	15mg
Alprazolam	(Xanax)	0.25mg
Estazolam	(ProSom)	0.5mg
Diphenhydramine	(Benadryl)	25mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	500mg
Zolpiden	(Ambien)	5mg

NOTES:

Diminished sleep in the elderly is not necessarily pathological.

The doses listed are doses for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

Diphenhydramine, hydroxyzine, and chloral hydrate are not necessarily drugs of choice for sleep disorders. They are listed here only in the event of their potential use.

For drugs in this category, a gradual dose reduction should be attempted at least three times within six months before one can conclude that a gradual dose reduction is "clinically contraindicated."

D. Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs

The initiation of the following hypnotic/sedative/anxiolytic drugs should not occur in any dose for any resident. (See Notes for exceptions.) Residents currently using these drugs or residents admitted to the facility while using these drugs should receive gradual dose reductions as part of a plan to eliminate or modify the symptoms for which they are prescribed. A gradual dose reduction should be attempted at least twice within one year

before one can conclude that the gradual dose reduction is clinically contraindicated. Newly admitted residents using these drugs may have a period of adjustment before a gradual dose reduction is attempted.

(Caution: The rapid withdrawal of these drugs might result in severe physiological withdrawal symptoms.)

EXAMPLES OF BARBITURATES

Generic	Brand
Amobarbital	(Amytal)
Amobarbital-Secobarbital	(Tuinal)
Butabarbital	(Butisol, others)
Pentobarbital	(Nembutal)
Secobarbital	(Seconal)
Phenobarbital	(Many brands)
Barbiturates with other drugs	(e.g., Fiorinal)

EXAMPLES OF MISCELLANEOUS HYPNOTIC/SEDATIVE/ANXIOLYTICS

Generic	Brand
Ethchlorvynol	(Placidyl)
Glutethimide	(Doriden)
Meprobamate	(Equinal, Miltown)
Methprylon	(Noludar)
Paraldehyde	(Many Brands)

NOTES:

Any sedative drug is excepted from this Guideline when used as a single dose sedative for dental or medical procedures.

Phenobarbital is excepted from this Guideline when used in the treatment of seizure disorders.

When Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs are used outside these Guidelines, they may be unnecessary drugs as a result of inadequate indications for use.

E. Antipsychotic Drugs

The following examples of antipsychotic drugs should not be used in excess of the listed doses for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV) unless higher doses (as evidenced by the resident's response or the

resident's clinical record) are necessary to maintain or improve the resident's functional status.

EXAMPLES OF ANTIPSYCHOTIC DRUGS FOR RESIDENTS WITH ORGANIC MENTAL SYNDROMES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Chlorpromazine	(Thorazine)	75mg
Promazine	(Sparine)	150mg
Triflupromazine	(Vesprin)	20mg
Thioridazine	(Mellaril)	75mg
Mesoridazine	(Serentil)	25mg
Acetophenazine	(Tindal)	20mg
Perphenazine	(Trilafon)	8mg
Fluphenazine	(Prolixin, Permitil)	4mg
Trifluoperazine	(Stelazine)	8mg
Chlorprothixene	(Taractan)	75mg
Thiothixene	(Navane)	7mg
Haloperidol	(Haldol)	4mg
Molindone	(Moban)	10mg
Loxapine	(Loxitane)	10mg
Clozapine	(Clozaril)	50mg
Prochlorperazine	(Compazine)	10mg
Risperidone	(Resperdal)	4mg

NOTES:

The doses listed are daily doses (usually administered in divided doses) for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV). The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it is necessary for the maintenance or improvement in the resident's functional status.

The "specific conditions" for use of antipsychotic drugs are listed under this Guideline G.

The dose of prochlorperazine may be exceeded for short term (seven day) treatment of nausea and vomiting. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time.

When antipsychotic drugs are used outside these Guidelines, they may be deemed unnecessary drugs as a result of excessive doses.

F. Monitoring for Antipsychotic Drug Side Effects

The facility assures that residents who are undergoing antipsychotic drug therapy receive adequate monitoring for significant side effects of such therapy with emphasis on the following:

1. Tardive dyskinesia;
2. Postural (orthostatic) hypotension;
3. Cognitive/behavior impairment;
4. Akathisia; and
5. Parkinsonism.

When antipsychotic drugs are used without monitoring for these side effects, they may be unnecessary drugs because of inadequate monitoring.

G. Use of Antipsychotic Drugs

Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions":

1. Schizophrenia;
2. Schizo-affective disorder;
3. Delusional disorder;
4. Psychotic mood disorders (including mania and depression with psychotic features);
5. Acute psychotic episodes;
6. Brief reactive psychosis;
7. Schizophreniform disorder;
8. Atypical psychosis;
9. Tourette's disorder;
10. Huntington's disease;
11. Organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV) with associated psychotic and/or agitated behaviors:
    Which have been quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented. This documentation is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, (e) ruling out medical causes such as pain, constipation, fever, infection;
    Which are persistent;
    Which are not caused by preventable reasons; and
    Which are causing the resident to:

    Present a danger to her/himself or to others,
    Continuously cry, scream, yell, or pace if these specific behaviors cause an impairment in functional capacity, or
    Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or
12. Short term (seven days) symptomatic treatment of hiccups, nausea, vomiting or pruritus. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can be treated for longer periods of time.

Antipsychotics should not be used if one or more of the following is/are the only indication:

1. Wandering,
2. Poor self care,
3. Restlessness,
4. Impaired memory,
5. Anxiety,
6. Depression (without psychotic features),
7. Insomnia,
8. Unsociability,
9. Indifference to surroundings,
10. Fidgeting,
11. Nervousness,
12. Uncooperativeness, or
13. Agitated behaviors which do not represent danger to the resident or others.

H. Antipsychotic Drug Gradual Dose Reduction

Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug. The gradual dose reduction should be under close supervision. If the gradual dose reduction is causing an adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether.

"Behavioral interventions" means modification of the resident's behavior or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral symptoms.

"Clinically contraindicated" means that a resident need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has a

"specific condition" (as listed in these Guidelines under G, 1-11) and has a history of recurrence of psychotic symptoms (e.g., delusions, hallucinations) which have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects (e.g., tardive dyskinesia). In residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV), "clinically contraindicated" means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was prescribed to a degree that a cessation in the gradual dose reduction, or a return to previous dose levels, was necessary. The resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric and medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment, or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record.

I. Antidepressant Drugs

The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objective evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drug. The following is a list of commonly used antidepressant durgs:

EXAMPLES OF ANTIDEPRESSANT DRUGS

Generic	Brand
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)

Sertaline	(Zoloft)
Trazodone	(Desyrel)
Clomipramine	(Anafranil
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)
Phenelzine	(Nardil)
Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)

J. Exceptions to These Guidelines

The facility shall have the opportunity to provide a rationale for the use of drugs prescribed outside these Guidelines. The facility may not justify the use of a drug prescribed outside these Guidelines solely on the basis of "the doctor ordered it." The rationale must be based on sound risk-benefit analysis of the resident's symptoms and potential adverse effects of the drug.

The unnecessary drug criterion of "adequate indications for use" does not simply mean that the physician's order must include a reason for using the drug (although such order writing is encouraged). It means that the resident lacks a valid clinical reason for use of the drug as evidenced by the evaluation of some, but not necessarily all, of the following: resident assessment, plan of care, reports of significant change, progress notes, laboratory reports, professional consults, drug orders, observation and interview of the resident, and other information.

In determining whether an antipsychotic drug is without a "specific condition" or that "gradual dose reduction and behavioral interventions" have not been performed, the facility shall justify why using the drug outside these Guidelines is in the best interest of the resident.

Examples of evidence that would support a justification of why a drug is being used outside these Guidelines but in the best interests of the resident may include, but are not limited to:

1. A physician's note indicating, for example, that the dosage, duration, indication, and monitoring are clinically appropriate, and the reasons why they are clinically appropriate; this note should demonstrate that the physician has carefully considered the risk/benefit to the resident in using drugs outside these Guidelines;
2. A medical or psychiatric consultation or evaluation (e.g., Geriatric Depression Scale) that confirms the physician's judgment that use of a drug outside these Guidelines is in the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

best interest of the resident;

3. Physician, nursing, or other health professional documentation indicating that the resident is being monitored for adverse consequences or complications of the drug therapy;
4. Documentation confirming that previous attempts at dosage reduction have been unsuccessful;
5. Documentation (such as MDS documentation) showing resident's subjective or objective improvement, or maintenance of function while taking the medication;
6. Documentation showing that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine whether a particular drug, or a particular dose, or duration of therapy, may be the cause;
7. Documentation showing why the resident's age, weight, or other factors would require a unique drug dose or drug duration, indication, monitoring; and
8. Other evidence which may be appropriate.

(Source: Added at 20 Ill. Reg. 12160, effective SEP 10 1996)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Skilled Nursing and Intermediate Care Facilities Code

2) Code Citation: 77 Ill. Adm. Code 300

3)

Section Numbers:	Adopted Action:
300.330	Amendments
300.680	Amendments
300.682	New Section
300.684	New Section
300.686	New Section
300.1040	Repealer
300.1210	Amendments
300.1620	Amendments
300.Appendix F	New Section

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) Effective Date of Rules: September 10, 1996

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations By Reference? No

8) Date Filed in Agency's Principal Office: September 10, 1996

9) Date Notice(s) of Proposal was Published in Illinois Register: October 20, 1995 - 19 Ill. Reg. 14703

10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this these Rules? No

11) Difference Between Proposal and Final Version: The following changes were made in response to comments received during the first notice or public comment period:

1. On line 275, after the semi-colon, add "emergency amendments at 20 Ill. Reg. 567, effective January 1, 1996, for a maximum of 150 days;".
2. On line 275, replace "19" with "20".
3. On line 1130, delete the word "of".
4. Delete line 1363.
5. On line 1368, add "." after the word "indicates".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

6. On line 1444, after the word "BENZODIAZEPINES" add "(not maximum doses)".

7. Delete line 1450.

8. Add following line 1453, "Halazepam" (under the column headed "Generic"), "(Paxipam)" (under the column headed "Brand"), and "40 mg" (under the column headed "Daily Oral Dosage".

9. On line 1484, add the following before the semi-colon, "; Fourth Edition (DSM-IV)".

10. On line 1486, delete the following "(including dementia)" and add "(now called dementia, delirium and amnestic and other "cognitive disorders" by DSM-IV)".

11. On line 1488, add the following after the word "documented": "which are persistent and not due to preventable reasons".

12. On line 1500, after the word "BENZODIAZEPINES" add "(not maximum doses)".

13. Delete line 1506.

14. Add the following on line 1513 after the word "NOTES": "This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection."

15. On line 1539, after the word "DRUGS", add "(not maximum doses".

16. On line 1541, replace "15 mg" with "7.5 mg".

17. Replace line 1546 by putting "Estazolam" in the first column, "(ProSom)" in the second column, and "0.5 mg" in the third column.

18. Between lines 1549 and 1550, add "Zolpiden" to the first column, "(Ambien)" to the second column, and "5 mg" to the third column.

19. Delete line 1581.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

20. On line 1582, add ", others" after the word "Butisol".

21. Between lines 1583 and 1584, add "Secobarbital" to the first column and "(Seconal)" to the second column.

22. On line 1584, replace "(Luminal)" with "(Many Brands)".

23. On line 1595, replace "Amobarbital" with "Any sedative drug".

24. On line 1605, replace "(e.g., dementia, delirium)" with "now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

25. On line 1609, after the word "SYNDROMES", add "(not maximum doses)".

26. Add between lines 1627 and 1628, "Risperdone" in the first column, "(Resperdal)" to the second column and "4 mg" to the third column.

27. On line 1630, after the word "syndromes" add: "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

28. On line 1636, replace "under" with ", item".

29. Add after the sentence ending on line 1638, "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time."

30. On line 1667, replace "(including dementia and delirium)" with "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

31. On line 1670, replace the semi-colon with a period and add "This documentation is necessary to assist in: (1) assessing whether the resident's behavioral symptom is in need of some form of intervention, (2) determining whether the behavioral symptom is transitory or permanent, (3) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (4) ruling out environmental causes such as excessive heat, noise, overcrowding, (5) ruling out medical causes such as pain, constipation, fever, infection;".

32. Between line 1670 and 1671, add "Which are persistent; and".

33. After the sentence ending on line 1683, add: "Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can be treated for longer periods of time."

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

34. Delete lines 1700 through 1714.

35. On line 1729, replace the word "with", with "need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has".

36. Add "and" between the parenthesis and the word "who" on line 1730.

37. On line 1734, put a period after the parenthesis and delete the rest of the sentence.

38. On line 1735, replace "(e.g., dementia, delirium)" with "(now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV)".

39. On line 1740, after the period, add "the resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric and medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment, or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record."

40. Between lines 1740 and 1741, add

I. Antidepressant Drugs

The facility is not required to use behavioral monitoring charts (e.g., documenting quantitatively (number of episodes) and objectively (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) when antidepressant drugs are used. The following is a list of commonly used antidepressant drugs:

Examples of Antidepressant Drugs

Generic	Brand
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)
Sertaline	(Zoloft)
Trazodone	(Desyrel)
Clomipramine	(Anafranil)
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)
Phenelzine	(Nardil)
Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)

41. On line 1741, replace "I." with "J.".

42. On line 1746, replace "problem" with "symptoms".

43. Change source notes to "20 Ill. Reg." rather than "19 Ill. Reg.".

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

1. In line 1080, change "Informed Consent" to "informed consent".

2. In line 1489, add a comma after "documented".

3. In line 1652, delete "item".

4. In lines 1690-98, change (1) through (5) to (a) through (e).

5. In line 1700, delete "and".

6. Change lines 1773-776 to the following:

"The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objectives evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drug. The following".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? The Department has made all the changes to which it agreed with the Joint Committee.

13) Will the Rules Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Rules:

Changes to Section 300.330 ("Definitions") include: the addition of definitions for the terms Adaptive Equipment; Chemical Restraint; Convenience; Discipline; and Physical Restraint; the deletion of the definitions of Restraint of a Resident; and Safety Device. These changes are in response to Public Act 88-413 (effective August 20, 1993).

Section 300.680 ("Restraints and Safety Devices") is being amended in response to P.A. 88-413, which extensively amended the Nursing Home Care Act in regard to the use of physical and chemical restraints and drug treatment. The Act requires the Department, by rule, to designate certain devices as restraints and to adopt the standards for unnecessary drugs contained in the federal Interpretive Guidelines. Section 300.680 requires facilities to have policies concerning the use of restraints; lists devices and practices considered to be restraints; deletes use of the term "safety devices."

Section 300.682 is being added to set forth requirements for the nonemergency use of restraints. These include provisions for the use of physical restraints; consent of the resident, the resident's guardian, or other authorized representative; authorization of the use of restraints for a specific period of time; application of restraints by trained staff; care planning for progressive removal of restraints or progressive use of less restrictive means; periodic release of restraints and provision of care; and prohibition of the use of any form of seclusion.

Section 300.684 is added to address the emergency use of restraints. The rule defines "emergency care"; sets forth requirements for documentation of the emergency use of a restraint in the resident record; includes procedures for physician's orders and care of the resident; references to other provisions of the rules that must be followed in emergency use of restraints.

Section 300.686 is a new Section entitled "Unnecessary, Psychotropic and

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Antipsychotic Drugs." The rule sets forth the circumstances in which the use of a drug would be "unnecessary"; defines the terms "duplicative drug therapy," "psychotropic medication," and "antipsychotic drug"; and includes provisions for informed consent, documentation, and dose reductions and behavior interventions.

Section 300.1040 ("Behavior Emergencies") is being repealed.

Section 300.1210 is amended to clarify the precautions that must be taken to assure the safety of residents.

Section 300.1620 is amended to add a reference to Appendix F, "Guidelines for the Use of Various Drugs" in the subsection concerning review of medication orders.

Section 300.Appendix F is added to include, as required by P.A. 88-413, the standards for unnecessary drugs contained in the interpretive guidelines issued by the U.S. Department of Health and Human Services for the purpose of administering titles 18 and 19 of the Social Security Act.

16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Ms. Gail DeVito
Division of Governmental Affairs
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, IL 62761
(217) 782-6187

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 300
SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART B: ADMINISTRATION

SUBPART C: POLICIES

SUBPART D: PERSONNEL

SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

SUBPART F: NURSING AND PERSONAL CARE

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART P: RESIDENT'S RIGHTS

SUBPART Q: SPECIALIZED LIVING FACILITIES FOR THE MENTALLY ILL

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART R: DAYCARE PROGRAMS

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 1066, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 311, effective July 28, 1980; emergency amendment at 6 Ill. Reg. 3229, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6454, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 11631, effective September 14, 1982; amended at 6 Ill. Reg. 14550 and 14554, effective November 8, 1982; amended at 6 Ill. Reg. 14684, effective November 15, 1982; amended at 7 Ill. Reg. 285, effective December 22, 1982; amended at 7 Ill. Reg. 1972, effective January 28, 1983; amended at 7 Ill. Reg. 8579, effective July 11, 1983; amended at 7 Ill. Reg. 15831, effective November 10, 1983; amended at 7 Ill. Reg. 15864, effective November 15, 1983; amended at 7 Ill. Reg. 16992, effective December 14, 1983; amended at 8 Ill. Reg. 15599, 15603, and 15606, effective August 15, 1984; amended at 8 Ill. Reg. 15947, effective August 17, 1984; amended at 8 Ill. Reg. 16999, effective September 5, 1984; codified at 8 Ill. Reg. 19766; amended at 8 Ill. Reg. 24186, effective November 29, 1984;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

amended at 8 Ill. Reg. 24668, effective December 7, 1984; amended at 8 Ill. Reg. 25102, effective December 14, 1984; amended at 9 Ill. Reg. 132, effective December 26, 1984; amended at 9 Ill. Reg. 4087, effective March 15, 1985; amended at 9 Ill. Reg. 11049, effective July 1, 1985; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 12 Ill. Reg. 1052, effective December 24, 1987; amended at 12 Ill. Reg. 16811, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 4684, effective March 24, 1989; amended at 13 Ill. Reg. 5134, effective April 1, 1989; amended at 13 Ill. Reg. 20089, effective December 1, 1989; amended at 14 Ill. Reg. 14950, effective October 1, 1990; amended at 15 Ill. Reg. 554, effective January 1, 1991; amended at 16 Ill. Reg. 681, effective January 1, 1992; amended at 16 Ill. Reg. 5977, effective March 27, 1992; amended at 16 Ill. Reg. 17089, effective November 3, 1992; emergency amendment at 17 Ill. Reg. 2420, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8026, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15106, effective September 3, 1993; amended at 17 Ill. Reg. 16194, effective January 1, 1994; amended at 17 Ill. Reg. 19279, effective October 26, 1993; amended at 17 Ill. Reg. 19604, effective November 4, 1993; amended at 17 Ill. Reg. 21058, effective November 20, 1993; amended at 18 Ill. Reg. 1491, effective January 14, 1994; amended at 18 Ill. Reg. 15868, effective October 15, 1994; amended at 19 Ill. Reg. 11600, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 567, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10142, effective July 15, 1996; amended at 20 Ill. Reg. 12208, effective SEP 10 1996.

SUBPART A: GENERAL PROVISIONS

Section 300.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Adaptive Equipment - a physical or mechanical device, material or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body, the purpose of which is to permit or encourage movement, or to provide opportunities for increased functioning, or to prevent contractures or deformities. Adaptive equipment is not a physical restraint. No

matter the purpose, adaptive equipment does not include any device, material or method described in Section 300.680 of this Part as a physical restraint.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 300.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Autism - a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - Any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms* or behavior manifestations of mental illness. (Section 2-106 of the Act)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - the use of any restraint by the facility to control resident behavior or maintain a resident, which is not in the resident's best interest, and with less use of the facility's effort and resources than would otherwise be required by the facility. This definition is limited to the definition of chemical restraint and Section 300.680 of this Part.

Corporal Punishment - painful stimuli inflicted directly upon the body.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse.

Dentist - any person licensed to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered to render medical care. Other titles often used to refer to DD Aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (2), (3) or (4) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or

has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Supervision - work performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part, is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled.

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code [55 ILCS 5], *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act [210 ILCS 85];

Any "facility for child care" as defined in the Child Care Act of 1969 [225 ILCS 10];

Any "community living facility" as defined in the Community Living Facilities Licensing Act [210 ILCS 35];

Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Mental Health and Developmental Disabilities as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]; *or*

Any supportive residence licensed under the Supportive Residences Licensing Act [210 ILCS 65]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in this Part is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance and personal care.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post-acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full-time - means on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, ninety percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

Individual Education Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in this Part means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1985 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and caregivers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

[225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheelchair, or a wheeled platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive device such as a walker, crutches, a wheelchair, or a wheeled platform.

Monitor - a qualified person placed in a facility by the Department to

observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act) Neglect means the failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered as a physical therapist under the Illinois Physical Therapy Act [225 ILCS 90].

Physician - any person licensed to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed to practice clinical psychology under the Clinical Psychologist Licensing Act [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable Visiting Hours - any time between the hours of 10 a.m. and 8 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid license to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

~~Restraint-of-a-Resident-----the--application--of--a--device--to--limit movements.~~

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

~~Safety--Device-----any--equipment--or-protective-device-used-on-a-bed,-chair,-or-resident--which--prevents--him--from--falling--or--otherwise injuring-himself.--Examples-are:--bedside-rails;-geriatric-or-adaptive chairs;-a-wide-band,-vest-or-sheet-applied-to-prevent-falling-out-of-a bed-or-chair;-and-hand-socks-applied-to-prevent-injuring-one's-self.~~

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room with a door that the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered Care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker, Qualified - a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Social Work Practice Act [225 ILCS 20].

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a Corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part, means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 300.140(a)(3) and 300.150(a)(3).

Substantial Failure - the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 300.165(b)(1).

Sufficient - same as adequate.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 20 Ill. Reg. 12208, effective

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SEP 10 1996)

SUBPART C: POLICIES

Section 300.680 Restraints ~~and Safety Devices~~

a) The facility ~~There~~ shall have ~~be~~ written policies ~~which are followed in the operation of the facility~~ controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel. ~~(B)~~

~~b) Safety devices, with the exception of side rails and geriatric chairs shall be used only upon written order of the attending physician and for the safety and security of the residents. In an emergency a telephone order is acceptable if taken as specified in Section 300.1620(a)(2). (B)~~

~~c) The reasons for ordering and using safety devices shall be recorded in the clinical record. The recordings shall contain ongoing evaluations of the need for the safety devices and the measures being taken to reduce or eliminate the need for their use.~~

~~d) A resident wearing a safety device shall have it released for a few minutes at least once every two hours, or more often if necessary. Residents in geriatric chairs shall be assisted to ambulate every two hours or more often if necessary and their physical condition permits. The resident's position shall be changed at these times, and good skin care or other nursing needs provided. (B)~~

b)~~e)~~ No physical restraints ~~safety device~~ with locks shall be used.

c) Physical restraints shall not be used on a resident for the purpose of discipline or convenience.

d) The use of chemical restraints is prohibited.

(Source: Amended at 20 Ill. Reg. 12208, effective SEP 10 1996)

Section 300.682 Nonemergency Use of Physical Restraints

a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:
   1) the assessment of the resident's capabilities and an evaluation and *trial of less restrictive* alternatives that could prove effective;
   2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her *highest practicable physical, mental or psychosocial well being;*
   3) consultation with appropriate health professionals, such as rehabilitation nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and
   4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the *highest practicable physical, mental or psychosocial well being.* (Section 2-106(c) of the Act)

b) A physical *restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106(c) of the Act) Informed consent includes information about potential negative outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.

c) The informed consent may authorize the use of a physical restraint only for a specified period of time. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used.

d) After 50 percent of the period of physical restraint use authorized by the informed consent has expired, but not less than 5 days before it has expired, information about the actual effectiveness of the physical restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time. Information about the effectiveness of the physical restraint program and about any negative impact on the resident shall be provided in writing.

e) A physical *restraint may be applied only by* staff *trained in the application of the particular type of restraint.* (Section 2-106(d) Act)

f) *Whenever a period of use of a* physical *restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the* physical *restraint.* A period of use is initiated when a physical restraint is applied to a resident for the first time under a new or renewed informed consent for the use of physical restraints. *A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the* physical *restraint, whether or not the guardian approves the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the* physical *restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act) If the resident requests that the Guardianship and Advocacy Commission be contacted, the facility shall provide the following information in writing to the Guardianship and Advocacy Commission:
   1) the reason the physical restraint was needed;
   2) the type of physical restraint that was used;
   3) the interventions utilized or considered prior to physical restraint and the impact of these interventions;
   4) the length of time the physical restraint was to be applied; and
   5) the name and title of the facility person who should be contacted for further information.

g) *Whenever a* physical *restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act)

h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well being.

i) A resident wearing a physical restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate.

j) No form of seclusion shall be permitted.

(Source: Added at 20 Ill. Reg. 12208, effective SEP 10 1996)

Section 300.684 Emergency Use of Physical Restraints

a) *If a resident needs emergency care,* physical *restraints may be used*

for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in question. (Section 2-106(c) of the Act)

b) For this Section only, "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:
   1) save the resident's life;
   2) prevent the resident from doing serious mental or physical harm to himself/herself; or
   3) prevent the resident from injuring another individual.

c) If a resident needs emergency care and other less restrictive interventions have proved ineffective, a physical restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or Medical Director shall be contacted. If a physician is not immediately available, a nurse with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used. The resident must be in view of a staff person at all times until either the resident has been examined by a physician or the physical restraint is removed. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met while the physical restraint is being used.

d) The emergency use of a physical restraint must be documented in the resident's record, including:
   1) the behavior incident that prompted the use of the physical restraint;
   2) the date and times the physical restraint was applied and released;
   3) the name and title of the person responsible for the application and supervision of the physical restraint;
   4) the action by the resident's physician upon notification of the physical restraint use;
   5) the new or revised orders issued by the physician;
   6) the effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident; and
   7) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for physical restraints.

e) The facility's emergency use of physical restraints shall comply with Sections 300.682(e), (f), (g), and (j).

(Source: Added at 20 Ill. Reg. 12208 effective SEP 10 1996)

Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs

a) *A resident shall not be given unnecessary drugs* in accordance with Section 300.Appendix F. In addition, *an unnecessary drug is any drug used:*
   1) *in an excessive dose, including in duplicative therapy;*
   2) *for excessive duration;*
   3) *without adequate monitoring;*
   4) *without adequate indications for its use; or*
   5) *in the presence of adverse consequences that indicate the drugs should be reduced or discontinued.* (Section 2-106.1(a) of the Act)

b) *Psychotropic medication shall not be prescribed* or administered *without the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.

c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 300.Appendix F.

d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these drugs in accordance with Section 300.Appendix F.

e) For the purposes of this Section:
   1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.
   2) "Psychotropic medication" *means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest edition of the AMA Drug Evaluations* (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Hospital

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Formulary Service Drug Information 1995 (American Society of Health Systems Pharmacists, 1995), or *the Physician's Desk Reference* (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)

3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

(Source: Added at 20 Ill. Reg. 12208, effective SEP 10 1996)

SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

Section 300.1040 Behavior Emergencies (Repealed)

~~a) If a resident becomes disturbed or unmanageable, he shall be examined by his physician. This medical examination shall be made promptly. (B)~~

~~b) No form of seclusion shall be permitted.~~

~~c) Restraints shall be used only in an emergency and only upon a physician's order until the resident is examined by the doctor. This examination shall be carried out promptly. Restraints may be applied only by personnel trained in proper application and observation of this equipment. (See Section 2-106 of the Act.) (B)~~

~~d) The reason for ordering and using restraints shall be recorded in the clinical record. There shall be written policies, which are followed in the operation of the facility, covering the use of restraints.~~

(Source: Repealed at 20 Ill. Reg. 12208, effective SEP 10 1996)

SUBPART F: NURSING AND PERSONAL CARE

Section 300.1210 General Requirements for Nursing and Personal Care

a) Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. ~~(A7-B)~~

b) Restorative/rehabilitative nursing measures shall be practiced on a 24 hour day, seven day week basis. Those procedures requiring medical approval shall be ordered by the attending physician. Restorative measures shall include at a minimum the following procedures: ~~(A7-B)~~

1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program which includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsection (b)(2) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program. ~~(B)~~

2) All nursing personnel shall encourage and assist residents in maintaining good body alignment while standing, sitting or lying in bed. ~~(B)~~

3) All nursing personnel shall assist residents in maintaining maximum joint range of motion and active range of motion. ~~(B)~~

4) Residents who are incontinent shall be evaluated for an individualized bowel and bladder program and such a program shall be instituted when appropriate. The use of indwelling catheters shall be discouraged. ~~(B)~~

5) All nursing personnel shall encourage and, when necessary, teach residents to function at their maximum level in all activities of daily living. ~~(B)~~

6) All nursing personnel shall assist and encourage residents with ambulation as often as necessary (but not less than daily, unless otherwise ordered by the physician. ~~(B)~~

7) All nursing personnel shall teach and assist residents with safe transfer activities in an effort to help them retain or regain their maximum level of independence. ~~(B)~~

8) Documentation of resident treatment and response to same shall be maintained as set forth in Section 300.1810(c). ~~(B)~~

c) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: ~~(A7-B)~~

1) Medications including oral, rectal, hypodermic, intravenous and intramuscular shall be properly administered. ~~(A7-B)~~

2) Treatments and procedures, including, but not limited to, enemas, irrigations, catherizations, applications of dressing or bandages, supervision of special diets, shall be properly carried out. ~~(A7-B)~~

3) All treatments and procedures shall be administered as ordered by the physician. ~~(A7-B)~~

4) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. ~~(A7-B)~~

5) Personal care, as defined in Section 300.330, shall be provided on a 24-hour, seven day a week basis. This shall include, but not be limited to, the following: ~~(A7-B)~~

A) Each resident shall have proper daily personal attention,

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. ~~{B}~~

B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene. ~~{B}~~

C) Each resident shall have clean suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her ~~their~~ physician, this should be street clothes and shoes. ~~{B}~~

D) Each resident shall have clean bed linens at least once weekly and more often if necessary. ~~{B}~~

6) A regular program to prevent and treat pressure sores shall be practiced on a 24 hour, seven day a week basis, including, but not limited to: ~~{A, B}~~

A) An evaluation of each resident shall be conducted upon admittance and as necessary to determine the susceptibility of the resident to skin breakdown. Preventive measures and treatment measures shall be carried out by facility staff. ~~{B}~~

B) Skin care shall be provided which includes but is not limited to bathing, clean linens, and clothing each time the resident, the bed or clothing is soiled. ~~{B}~~

C) Residents shall be assisted in being up and out of bed as much as possible and shall be repositioned whether in bed or out of bed as their condition indicates. ~~{A, B}~~

D) Proper equipment shall be utilized to prevent or treat pressure sores, such as proper padding between pressure points, adaptive equipment, splints, and water mattresses. ~~{B}~~

E) An evaluation of each resident's nutritional status shall be conducted to determine if increased nutritional support is needed. ~~{B}~~

7) All necessary precautions shall be taken to assure the safety of residents at all times, such as but not limited to: nonslip wax on floors, ~~side--rails--on--beds,~~ safe equipment, and assistive devices properly maintained, and proper use of physical restraints and adaptive equipment ~~safety devices~~. ~~{See Section 300.600.} -- {A, B}~~

(Source: Amended at 20 Ill. Reg. 12208, effective SEP 10 1996)

Section 300.1620 Conformance With Physician's Orders

a) All medications, including cathartics, headache remedies, or vitamins, shall be given only upon the written order of a physician. All such orders shall have the handwritten signature of the physician. (Rubber

stamp signatures are not acceptable.) These medications shall be given as prescribed by the physician and at the designated time.

b) Telephone orders may be taken by a registered nurse or licensed practical nurse. All such orders shall be immediately written on the resident's clinical record, or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within 10 days. Facilities participating in Medicare/Medicaid must meet the applicable Federal regulations.

c) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including physician orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 300.Appendix F, determine if there are irregularities which would cause potential adverse reactions, allergies, contraindications ~~contradictions~~, or ineffectiveness. This review shall be done at the facility. Documentation of this review must be entered in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, and the administrator.

d) A medication order not specifically limiting the time or number of doses shall be automatically stopped in accordance with written policies approved by the pharmaceutical advisory committee.

e) The resident's attending physician shall be notified of medications about to be stopped so that the physician may promptly renew such orders to avoid interruption of the resident's therapeutic regimen.

f) All medications to be released to the resident, or person responsible for the resident's care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time~~,~~ (such as when attending a vocational training program or on a weekend pass), shall be approved by the physician. A notation concerning their disposition shall be made on the resident's clinical record.

(Source: Amended at 20 Ill. Reg. 12208, effective SEP 10 1996)

Section 300.APPENDIX F Guidelines for the Use of Various Drugs

A. Long-Acting Benzodiazepine Drugs

Long-acting benzodiazepine drugs should not be used in residents unless an attempt with a shorter-acting drug (i.e., those listed under B. Benzodiazepine or Other Anxiolytic/Sedative Drugs, and under C. Drugs Used for Sleep Induction) has failed.

After an attempt with a shorter-acting benzodiazepine drug has failed, a long-acting benzodiazepine drug should be used only if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Its use results in maintenance or improvement in the resident's functional status;
3. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful; and
4. Its use is less than, or equal to, the following listed total daily doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the maintenance or improvement in the resident's functional status.

EXAMPLES OF LONG-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Flurazepam	(Dalmane)	15mg
Chlordiazepoxide	(Librium)	20mg
Clorazepate	(Tranxene)	15mg
Diazepam	(Valium)	5mg
Clonazepam	(Klonopin)	1.5mg
Quazepam	(Doral)	7.5mg
Halazepam	(Paxipam)	40mg

NOTES:

When diazepam is used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia or seizure disorders), this Guideline does not apply.

When long-acting benzodiazepine drugs are being used to withdraw residents from short-acting benzodiazepine drugs, this Guideline does not apply.

When clonazepam is used in bi-polar disorders, management of tardive dyskinesia, nocturnal myoclonus or seizure disorders, this Guideline does not apply.

The daily doses listed under Long-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is "clinically contraindicated."

B. Benzodiazepine or other Anxiolytic/Sedative Drugs

Use of the listed Anxiolytic/Sedative drugs for purposes other than sleep induction should only occur if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Use results in a maintenance or improvement in the resident's functional status;
3. Daily use (at any dose) is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful;
4. Use is for one of the following indications as defined by the Diagnostic and Statistical Manual of Mental Disorders; Fourth Edition (DSM-IV):
   Generalized anxiety disorder;
   Organic mental syndromes (now called dementia, delirium and amnestic and other "cognitive disorders" by DSM-IV) with associated agitated states which are quantitatively and objectively documented, which are persistent and not due to preventable reasons and which constitute sources of distress or dysfunction to the resident or represent a danger to the resident or others;
   Panic disorder;
   Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder (e.g., depression, adjustment disorder); and
5. Use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the improvement or maintenance in the resident's functional status.

EXAMPLES OF SHORT-ACTING BENZODIAZEPINES (not maximum doses)

Generic	Brand	Daily Oral Dosage
Lorazepam	(Ativan)	2mg

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Oxazepam	(Serax)	30mg
Alprazolam	(Xanax)	0.75mg

EXAMPLES OF OTHER ANXIOLYTIC AND SEDATIVE DRUGS

Generic	Brand	Daily Oral Dosage
Diphenhydramine	(Benadryl)	50mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	750mg

NOTES:

This documentation is often referred to as "behavioral monitoring charts" and is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, etc., (e) ruling out medical causes such as pain, constipation, fever, infection.

The daily doses listed under Short-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that a gradual dose reduction is "clinically contraindicated."

Diphenhydramine, hydroxyzine and chloral hydrate are not necessarily drugs of choice for treatment of anxiety disorders. They are only listed here in the event of their potential use.

C. Drugs Used for Sleep Induction

Drugs used for sleep induction should only be used if:

1. Evidence exists that other possible reasons for insomnia (e.g., depression, pain, noise, light, caffeine) have been ruled out;
2. The use of a drug to induce sleep results in the maintenance or improvement of the resident's functional status;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

3. Daily use of the drug is less than ten continuous days unless an attempt at a gradual dose reduction is unsuccessful;
4. The dose of the drug is equal to or less than the following listed doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for maintenance or improvement in the resident's functional status.

EXAMPLES OF HYPNOTIC DRUGS (not maximum doses)

Generic	Brand	Oral Dosage
Temazepam	(Restoril)	7.5mg
Triazolam	(Halcion)	0.125mg
Lorazepam	(Ativan)	1mg
Oxazepam	(Serax)	15mg
Alprazolam	(Xanax)	0.25mg
Estazolam	(ProSom)	0.5mg
Diphenhydramine	(Benadryl)	25mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	500mg
Zolipiden	(Ambien)	5mg

NOTES:

Diminished sleep in the elderly is not necessarily pathological.

The doses listed are doses for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

Diphenhydramine, hydroxyzine, and chloral hydrate are not necessarily drugs of choice for sleep disorders. They are listed here only in the event of their potential use.

For drugs in this category, a gradual dose reduction should be attempted at least three times within six months before one can conclude that a gradual dose reduction is "clinically contraindicated."

D. Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs

The initiation of the following hypnotic/sedative/anxiolytic drugs should not occur in any dose for any resident. (See Notes for exceptions.) Residents currently using these drugs or residents admitted to the facility while using these drugs should receive gradual dose reductions as part of a plan to eliminate or modify the symptoms for which they are prescribed. A gradual dose reduction should be attempted at least twice within one year

before one can conclude that the gradual dose reduction is clinically contraindicated. Newly admitted residents using these drugs may have a period of adjustment before a gradual dose reduction is attempted.

(Caution: The rapid withdrawal of these drugs might result in severe physiological withdrawal symptoms.)

EXAMPLES OF BARBITURATES

Generic	Brand
Amobarbital	(Amytal)
Amobarbital-Secobarbital	(Tuinal)
Butabarbital	(Butisol, others)
Pentobarbital	(Nembutal)
Secobarbital	(Seconal)
Phenobarbital	(Many Brands)
Barbiturates with other drugs	(e.g., Fiorinal)

EXAMPLES OF MISCELLANEOUS HYPNOTIC/SEDATIVE/ANXIOLYTICS

Generic	Brand
Ethchlorvynol	(Placidyl)
Glutethimide	(Doriden)
Meprobamate	(Equinal, Miltown)
Methpryion	(Noludar)
Paraldehyde	(Many Brands)

NOTES:

Any sedative drug is excepted from this Guideline when used as a single dose sedative for dental or medical procedures.

Phenobarbital is excepted from this Guideline when used in the treatment of seizure disorders.

When Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs are used outside these Guidelines, they may be unnecessary drugs as a result of inadequate indications for use.

E. Antipsychotic Drugs

The following examples of antipsychotic drugs should not be used in excess of the listed doses for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV) unless higher doses (as evidenced by the resident's response or the

resident's clinical record) are necessary to maintain or improve the resident's functional status.

EXAMPLES OF ANTIPSYCHOTIC DRUGS FOR RESIDENTS WITH ORGANIC MENTAL SYNDROMES (not maximum dose)

Generic	Brand	Daily Oral Dosage
Chlorpromazine	(Thorazine)	75mg
Promazine	(Sparine)	150mg
Triflupromazine	(Vesprin)	20mg
Thioridazine	(Mellaril)	75mg
Mesoridazine	(Serentil)	25mg
Acetophenazine	(Tindal)	20mg
Perphenazine	(Trilafon)	8mg
Fluphenazine	(Prolixin, Permitil)	4mg
Trifluoperazine	(Stelazine)	8mg
Chlorprothixene	(Taractan)	75mg
Thiothixene	(Navane)	7mg
Haloperidol	(Haldol)	4mg
Molindone	(Moban)	10mg
Loxapine	(Loxitane)	10mg
Clozapine	(Clozaril)	50mg
Prochlorperazine	(Compazine)	10mg
Risperidone	(Resperdal)	4mg

NOTES:

The doses listed are daily doses (usually administered in divided doses) for residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV). The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it is necessary for the maintenance or improvement in the resident's functional status.

The "specific conditions" for use of antipsychotic drugs are listed under this Guideline G.

The dose of prochlorperazine may be exceeded for short term (seven day) treatment of nausea and vomiting. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can also be treated with higher doses for longer periods of time.

When antipsychotic drugs are used outside these Guidelines, they may be deemed unnecessary drugs as a result of excessive doses.

F. Monitoring for Antipsychotic Drug Side Effects

The facility assures that residents who are undergoing antipsychotic drug therapy receive adequate monitoring for significant side effects of such therapy with emphasis on the following:

1. Tardive dyskinesia;
2. Postural (orthostatic) hypotension;
3. Cognitive/behavior impairment;
4. Akathisia; and
5. Parkinsonism.

When antipsychotic drugs are used without monitoring for these side effects, they may be unnecessary drugs because of inadequate monitoring.

G. Use of Antipsychotic Drugs

Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions":

1. Schizophrenia;
2. Schizo-affective disorder;
3. Delusional disorder;
4. Psychotic mood disorders (including mania and depression with psychotic features);
5. Acute psychotic episodes;
6. Brief reactive psychosis;
7. Schizophreniform disorder;
8. Atypical psychosis;
9. Tourette's disorder;
10. Huntington's disease;
11. Organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV) with associated psychotic and/or agitated behaviors:
    Which have been quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented. This documentation is necessary to assist in: (a) assessing whether the resident's behavioral symptom is in need of some form of intervention, (b) determining whether the behavioral symptom is transitory or permanent, (c) relating the behavioral symptom to other events in the resident's life in order to learn about potential causes (e.g., death in the family, not adhering to the resident's customary daily routine), (d) ruling out environmental causes such as excessive heat, noise, overcrowding, (e) ruling out medical causes such as pain, constipation, fever, infection;
    Which are persistent;
    Which are not caused by preventable reasons; and
    Which are causing the resident to:

    Present a danger to her/himself or to others,
    Continuously cry, scream, yell, or pace if these specific behaviors cause an impairment in functional capacity, or
    Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or
12. Short term (seven days) symptomatic treatment of hiccups, nausea, vomiting or pruritus. Residents with nausea and vomiting secondary to cancer or cancer chemotherapy can be treated for longer periods of time.

Antipsychotics should not be used if one or more of the following is/are the only indication:

1. Wandering,
2. Poor self care,
3. Restlessness,
4. Impaired memory,
5. Anxiety,
6. Depression (without psychotic features),
7. Insomnia,
8. Unsociability,
9. Indifference to surroundings,
10. Fidgeting,
11. Nervousness,
12. Uncooperativeness, or
13. Agitated behaviors which do not represent danger to the resident or others.

H. Antipsychotic Drug Gradual Dose Reduction

Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug. The gradual dose reduction should be under close supervision. If the gradual dose reduction is causing an adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether.

"Behavioral interventions" means modification of the resident's behavior or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral symptoms.

"Clinically contraindicated" means that a resident need not undergo a "gradual dose reduction" or "behavioral intervention" if the resident has a

"specific condition" (as listed in these Guidelines under G, 1-11) and has a history of recurrence of psychotic symptoms (e.g., delusions, hallucinations) which have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects (e.g., tardive dyskinesia). In residents with organic mental syndromes (now called dementia, delirium, and amnestic and other "cognitive disorders" by DSM-IV), "clinically contraindicated" means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was prescribed to a degree that a cessation in the gradual dose reduction, or a return to previous dose levels, was necessary. The resident's physician provides a justification why the continued use of the drug and the dose of the drug is clinically appropriate. This justification should include: (a) a diagnosis, but not simply a diagnostic label or code, but the description of symptoms, (b) a discussion of the differential psychiatric and medical diagnosis (e.g., why the resident's behavioral symptom is thought to be a result of a dementia with associated psychosis and/or agitated behaviors, and not the result of an unrecognized painful medical condition or a psychosocial or environmental stressor), (c) a description of the justification for the choice of a particular treatment, or treatments, and (d) a discussion of why the present dose is necessary to manage the symptoms of the resident. This information need not necessarily be in the physician's progress notes, but must be a part of the resident's clinical record.

I. Antidepressant Drugs

The facility is not required to use behavioral monitoring charts when antidepressant drugs are used. "Behavioral monitoring charts" include such records as quantitative evidence (number of episodes) and objective evidence (e.g., withdrawn behavior such as the resident staying in his/her room, refusal to speak, etc.) of patient behavior necessitating the use of the antidepressant drug. The following is a list of commonly used antidepressant drugs:

EXAMPLES OF ANTIDEPRESSANT DRUGS

Generic	Brand
Amitriptyline	(Elavil)
Amoxapine	(Asendin)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Sinequan)
Imipramine	(Tofranil)
Maprotiline	(Ludiomil)
Nortriptyline	(Aventyl, Panelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)
Fluoxetine	(Prozac)

Sertaline	(Zoloft)
Trazodone	(Desyrel)
Clomipramine	(Anafranil)
Paroxetine	(Paxil)
Bupropion	(Wellbutrin)
Isocarboxazid	(Marplan)
Phenelzine	(Nardil)
Tranylcypromine	(Parnate)
Venlafaxine	(Effexor)
Nefazadone	(Serzone)
Fluvoxamine	(Luvox)

J. Exceptions to These Guidelines

The facility shall have the opportunity to provide a rationale for the use of drugs prescribed outside these Guidelines. The facility may not justify the use of a drug prescribed outside these Guidelines solely on the basis of "the doctor ordered it." The rationale must be based on sound risk-benefit analysis of the resident's symptoms and potential adverse effects of the drug.

The unnecessary drug criterion of "adequate indications for use" does not simply mean that the physician's order must include a reason for using the drug (although such order writing is encouraged). It means that the resident lacks a valid clinical reason for use of the drug as evidenced by the evaluation of some, but not necessarily all, of the following: resident assessment, plan of care, reports of significant change, progress notes, laboratory reports, professional consults, drug orders, observation and interview of the resident, and other information.

In determining whether an antipsychotic drug is without a "specific condition" or that "gradual dose reduction and behavioral interventions" have not been performed, the facility shall justify why using the drug outside these Guidelines is in the best interest of the resident.

Examples of evidence that would support a justification of why a drug is being used outside these Guidelines but in the best interests of the resident may include, but are not limited to:

1. A physician's note indicating, for example, that the dosage, duration, indication, and monitoring are clinically appropriate, and the reasons why they are clinically appropriate; this note should demonstrate that the physician has carefully considered the risk/benefit to the resident in using drugs outside these Guidelines;
2. A medical or psychiatric consultation or evaluation (e.g., Geriatric Depression Scale) that confirms the physician's judgment that use of a drug outside these Guidelines is in the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

best interest of the resident;

3. Physician, nursing, or other health professional documentation indicating that the resident is being monitored for adverse consequences or complications of the drug therapy;
4. Documentation confirming that previous attempts at dosage reduction have been unsuccessful;
5. Documentation (such as MDS documentation) showing resident's subjective or objective improvement, or maintenance of function while taking the medication;
6. Documentation showing that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine whether a particular drug, or a particular dose, or duration of therapy, may be the cause;
7. Documentation showing why the resident's age, weight, or other factors would require a unique drug dose or drug duration, indication, monitoring; and
8. Other evidence which may be appropriate.

(Source: Added at 20 Ill. Reg. 12208, effective SEP 1 0 1996)

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Centers for Independent Living

2) Code Citation: 89 Ill. Adm. Code 885

3)

Section Numbers:	Adopted Action:
885.10	Repealer
885.30	Repealer
885.100	Repealer
885.110	Repealer
885.200	Repealer
885.210	Repealer
885.300	Repealer
885.310	Repealer
885.Appendix A	Repealer
885.Appendix B	Repealer
885.Appendix C	Repealer
885.Appendic D	Repealer
885.Appendix E	Repealer
885.Appendix F	Repealer

4) Statutory Authority: Implementing and authorized by Section 12a of "AN ACT in relation to rehabilitation of persons with one or more disabilities" (Ill. Rev. Stat. 1989, ch. 23, par. 3443a), and 29 U.S.C. 711 and 796 (34 CFR Parts 365, 366 and 367 (1989)).

5) Effective Date of Rulemaking: August 27, 1996

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: August 26, 1996

9) Notice of Proposal Published in Illinois Register: March 29, 1996, 20 Ill. Reg. 4922

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version: As the action repeals the entire Part, no changes exist.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? There were no changes.

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF ADOPTED REPEALER

15) Summary and Purpose of Rulemaking: These rules are being repealed and new rules with the same title promulgated at 89 Ill. Adm. Code 886. The 1992 Amendments to the Rehabilitation Act of 1973 [29 U.S.C. 701-796] and resultant regulations made extensive change to provisions governing CILs. Therefore repeal of this Part is necessary.

16) Information and questions regarding these adopted repealers shall be directed to:

Name: Ms. Susan Warrner, Manager
Address: Regulations and Procedures Division
Department of Rehabilitation Services
P.O. Box 19429
Springfield, Illinois 62794-9429
Telephone: (217) 785-3896
TTY: (217) 785-9301

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF ADOPTED RULES

1) Heading of the Part: Centers for Independent Living

2) Code Citation: 89 Ill. Adm. Code 886

3)

Section Numbers:	Adopted Action:
886.10	New Rule
886.20	New Rule
886.30	New Rule
886.40	New Rule
886.50	New Rule
886.60	New Rule
886.70	New Rule
886.80	New Rule
886.90	New Rule
886.100	New Rule
886.110	New Rule

4) Statutory Authority: Implementing and authorized by Section 12a of the Disabled Persons Rehabilitation Act [20 ILCS 3443/12a], and 29 U.S.C. 711 and 796.

5) Effective Date of Rulemaking: August 27, 1996

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: August 27, 1996

9) Notice of Proposal Published in Illinois Register: May 22, 1996, 20 Ill. Reg. 4561

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version: Language was added to Section 886.60 to clarify on what basis the Director shall make his/her determination regarding application for funding.

Several other minor, non-substantive grammar/style changes were made which do not effect the contents of this rulemaking.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF ADOPTED RULES

15) Summary and Purpose of Rulemaking: This new Part is being promulgated to present DORS' funding, review, and interaction with Centers for Independent Living.

This Part replaces 89 Ill. Adm. Code 885. Because of the extensive changes to the rules, repeal of Part 885 and promulgation of the new Part was necessary. These changes in the provisions concerning CILs are a result of extensive changes made in the 1992 Amendments to the Rehabilitation Act of 1973 (29 U.S.C. 701-796i).

16) Information and questions regarding these adopted rules shall be directed to:

Ms. Susan Warrner, Manager
Regulations and Procedures Division
Department of Rehabilitation Services
P.O. Box 19429
Springfield, IL 62794-9429
(217) 785-3896
TTY: (217) 785-9301

The full text of the Adopted Rule begins on the next page:

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF ADOPTED RULES

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF REHABILITATION SERVICES
SUBCHAPTER h: MISCELLANEOUS PROGRAMS

PART 886
CENTERS FOR INDEPENDENT LIVING

Section

AUTHORITY: Implementing and authorized by Section 12a of the Disabled Persons Rehabilitation Act [20 ILCS 2405/12a], and 29 U.S.C. 711 and 796.

SOURCE: Adopted at 20 Ill. Reg. 12262, effective AUG 27 1996.

Section 886.10 General Provisions

The provisions of this Part apply to DORS' application, evaluation, and funding processes for Centers for Independent Living under Title VII, Part B of the Rehabilitation Act of 1973, as amended (29 U.S.C. 701-796i).

Section 886.20 Definitions

For the purposes of this Part, the following terms shall have the following meanings:

a) Advocacy - pleading an individual's cause or speaking or writing in support of an individual which may include representation before public and/or private entities on the behalf of one's self, another individual, or a group of individuals.

b) Center for Independent Living (CIL) - a consumer-controlled, community based, cross-disability, nonresidential, private not-for-profit agency that:

1) is designed and operated within a local community by individuals with disabilities; and

2) provides an array of independent living services.

c) Consumer Control - pursuant to the Rehabilitation Act of 1973, as

amended (20 U.S.C. 701-796i) and the Disabled Persons Rehabilitation Act [20 ILCS 2405/12a], the CIL must be governed by a board of directors that is composed of a majority of individuals who are individuals with disabilities and employ, in management and decision making positions, a majority of individuals who are individuals with disabilities.

Pursuant to 34 CFR 364.4, this means the CIL vests power and authority in individuals with disabilities, including individuals who are or have been recipients of independent living services.

d) Cross-disability - with respect to CILs and independent living services, that services are available to a range of individuals with significant disabilities and their eligibility for such services does not require a specific disability in order to access independent living services.

e) Independent Living Core Services - the minimum services an organization must provide to be considered a CIL. These services are:
   1) information and referral services;
   2) independent living skills training;
   3) peer counseling, including cross-disability peer counseling; and
   4) individual and system advocacy.

f) Independent Living Plan (ILP) - a written plan which outlines the Independent Living Services which are to be provided to an individual determined eligible to receive Independent Living Services. The ILP must be jointly developed by the individual who will receive Independent Living Services and the CIL. An ILP must be developed for each individual who shall receive Independent Living Services unless the individual specifically signs a statement waiving his/her rights to have an ILP.

g) Independent Living Services - services in addition to the Independent Living Core Services provided by a CIL which DORS will take into consideration when approving funding or continued funding for a CIL. These services are:
   1) counseling services, including psychological, psychotherapeutic, and related services;
   2) services relating to the securing of housing or shelter including accommodations and modifications to any space used to serve or which is to be occupied by individuals with disabilities;
   3) rehabilitation technology services;
   4) mobility training;
   5) services and training for individuals with cognitive and sensory disabilities, including life skills training and reader and interpreter services;
   6) personal assistance (PA) services including attendant care and training from those individuals who will be providing PA services;
   7) surveys, directories, and other activities to identify appropriate housing, recreation opportunities, accessible transportation, and other support services;
   8) consumer information programs on rehabilitation and independent living services available, especially to minorities and other individuals with significant disabilities who have been traditionally unserved or underserved;
   9) education and training necessary for living and participating in a community;
   10) supported living;
   11) transportation, including referral and assistance for transportation;
   12) physical rehabilitation;
   13) therapeutic treatment;
   14) provision of needed prostheses and other appliances and devices;
   15) individual and group social and recreational services;
   16) training to develop skills specifically designed for youths with significant disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career opportunities;
   17) services for children;
   18) services under other federal, State, and local programs designed to provide resources, training, counseling, or other assistance of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with significant disabilities;
   19) appropriate preventive services to decrease the need of individuals with significant disabilities for similar services in the future;
   20) community awareness programs to enhance the understanding and integration into society of individuals with significant disabilities; and
   21) any other services that may be necessary to improve the ability of an individual with a significant disability to function, continue to function, or move toward functioning independently in the family or community or to continue employment and that are not inconsistent with this Part and the provisions of Title VII, Part B of the Rehabilitation Act of 1973, as amended (29 U.S.C. 701-796i).

h) Individual with a disability - an individual who:
   1) has a physical, mental, cognitive, or sensory impairment that substantially limits one or more of the individual's major life activities;
   2) has a record of having such an impairment; or
   3) is regarded as having such an impairment.

i) Individual with a significant disability - an individual with a severe physical, mental, cognitive, or sensory impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of independent living services will improve

the ability to function, continue to function, or move toward functioning independently in the family or community or to continue employment.

j) Part B Funding - funding provided to states through the United States Department of Education - Rehabilitation Services Administration (RSA), under the provisions of Title VII - Part B of the Rehabilitation Act of 1973, as amended (29 U.S.C. 701-796i) to support and enhance independent living services within a state.

k) Part C Funding - funding provided directly to qualifying CILs through the United States Department of Education - Rehabilitation Services Administration (RSA), under the provisions of Title VII - Part C of the Rehabilitation Act of 1973, as amended (29 U.S.C. 701-796i) to establish new CILs and to support and enhance independent living services within a state.

l) State Appropriated Funds - those funds appropriated by the Illinois General Assembly for DORS to support and enhance Independent Living Services in the State.

m) State Plan for Independent Living (State Plan) - the plan jointly developed by DORS and the Statewide Independent Living Council (SILC) (89 Ill. Adm. Code 515), and approved by DORS' Director and the Chairperson of SILC, which is submitted for review and approval by RSA. The State Plan outlines the services, goals, and objectives of DORS' Independent Living Program, as well as the plan for Independent Living Services throughout the State, and is the basis for Part B Funds received from RSA.

n) Statewide Independent Living Council (SILC) - the mandated council established pursuant to the Rehabilitation Act of 1973, as amended (29 U.S.C. 701-796i) and the Disabled Persons Rehabilitation Act [20 ILCS 2405/12a] and governed by DORS Administrative Rules at 89 Ill. Adm. Code 515.

o) Unserved or Underserved - groups or populations of individuals with severe disabilities in the State, including but not limited to those groups which:
   1) have cognitive or sensory impairments;
   2) are members of racial or ethnic minority groups;
   3) live in rural areas; or
   4) are identified by DORS or a local CIL as being unserved or underserved.

Section 886.30 Purpose

In order to further promote independence and full community participation of individuals with disabilities and significant disabilities in Illinois, DORS shall distribute State Appropriated Funds and Part B Funds received to eligible CILs in accordance with the Rehabilitation Act of 1973, as amended (29 U.S.C. 701-796i) and federal regulations at 35 CFR 364. Further, State Appropriated Funds may be used in addition to Part C Funds, which are not under DORS' control, to establish new CILs.

Section 886.40 Funding from DORS for Independent Living Services

a) Funding from DORS, through available Part B Funds and State Appropriated Funds, shall be provided to CILs, in accordance with Title VII - Part B of the Rehabilitation Act of 1973, as amended (29 U.S.C. 701-796i), federal regulations at 34 CFR 364, and the provisions of this Part, which apply for, and are determined eligible to receive or continue to receive, funding pursuant to Sections 886.50, 886.60, and 886.70 of this Part.

b) Such funding shall be provided to eligible CILs for the purposes of:
   1) activities described in the State Plan;
   2) provision of Independent Living Services (IL Services);
   3) demonstration of ways to expand and improve IL Services in Illinois;
   4) supporting the operations of CILs throughout the State;
   5) increasing the scope of services provided by CILs;
   6) conducting studies and making reports on the finding of such studies which will enhance IL Services in the State;
   7) providing training to individuals with and without disabilities regarding the philosophy of Independent Living;
   8) developing a mechanism by which a CIL will inform its customers of their rights to an Independent Living Plan and review and revision of that plan, their rights of appeal, including the availability of services through the Client Assistance Program; and
   9) providing outreach to populations that are unserved or underserved.

Section 886.50 Applications for First-time Funding from DORS for Centers for Independent Living

When making application for funding from DORS, the CIL must provide documentation which demonstrates:

a) a broad-based support from individuals with disabilities and consumer groups within the community(ies) the CIL will serve;

b) that the CIL is operated with consumer control, as defined in Section 886.20(c) of this Part;

c) that the CIL has a broad understanding of existing community resources and the needs for additional resources in the community(ies) it serves;

d) adequate knowledge, skill, and resources to provide at least the Independent Living Core Services, as described in Section 886.20(f) of this Part;

e) involvement of the CIL in the community(ies) with such groups as city council, county board, and other political sub-units;

f) compliance with all provisions for physical and programmatic accessibility of the CIL as required by Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794),

Non-discrimination on the Basis of Handicap in Programs and Activities Receiving or Benefitting from Federal Financial Assistance (34 CFR 104), the Illinois Human Rights Act [775 ILCS 5], the Illinois Accessibility Code (71 Ill. Adm. Code 400), the Americans with Disabilities Act (42 U.S.C. 12101), and any other appropriate State or federal law or regulation;

g) the ability to provide Independent Living Services as described in Section 886.20(g) of this Part; and

h) any other provision regarding the operation of a CIL as required by this or other DORS rule or State or federal law or regulation.

Section 886.60 Review and Approval of Initial Applications for Funding from DORS

On an annual basis, DORS shall review all new applications for first-time funding received from CILs. Applications shall be ranked based on the determination of the CIL's ability to meet the criteria listed in Section 886.50. The results of the review shall be presented to DORS' Director who shall have the final determination for distribution of first-time funding. The determination of DORS' director shall be based upon such considerations as:

a) ranking of the application;

b) unserved or underserved population;

c) thoroughness of the proposed program.

Section 886.70 Compliance Reviews and Recertification for CILs for Continued Funding

a) Annually, or whenever it is determined necessary by DORS, DORS shall conduct an on-site review of all DORS-funded CILs to ascertain whether DORS should renew, modify, or terminate funding agreements with the CIL.

b) The review shall be completed using a team of peer reviewers which is selected and established by DORS and the Illinois Network of Centers for Independent Living (INCIL), if funding permits. The peer review team shall include a current CIL director with at least 3 years management experience selected by the CIL being reviewed from a list provided by DORS and one member of DORS' Independent Living staff who is not the project officer for the funding agreement with the CIL being reviewed. When sufficient funds are not available, reviews shall be completed by only DORS Independent Living staff.

c) DORS shall review CILs using the criteria established by RSA for review of compliance for CILs receiving funding under Part C, as defined by Section 725(b) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 725(b)).

Section 886.80 Scoring of the Compliance Review

a) Impact of Compliance Review Scoring

Based on the reviewers' observations regarding the CIL's compliance with DORS' requirements, each CIL undergoing a review will be given a numerical score for each compliance standard. The scores for each compliance standard will then be totalled to determine the CIL's total compliance rating. The total compliance rating will be used when making final recommendations to DORS' Director for continued funding.

b) Numerical Values for Compliance Review Standards
Each compliance standard on which the CIL is being reviewed shall be rated on a 10 point scale with 10 meaning full compliance and 0 points meaning the CIL has failed to meet any portion of the standard.

c) A total of 70 points shall be available to a CIL undergoing a Compliance Review based on 10 possible points for each of the 7 compliance standards. Based on this, recommendations for continued funding shall be made as follows:
1) 50 or more total points - Full Compliance
2) 40-49 total points - Partial Compliance
3) 30-39 total points - Noncompliance
4) less than 30 total points - Unacceptable Noncompliance

Section 886.90 Reporting the Outcome of a Compliance Review

a) Upon completion of the compliance review, the team completing the review shall tabulate all ratings, prepare a written report of findings, and provide them to the Manager-Division of Independent Living for review.

b) The Manager-Division of Independent Living shall review the ratings and report to ensure all information is correct and adequate and shall prepare a written recommendation regarding future funding from DORS to the CIL and submit the recommendation to DORS' Director for review.

c) DORS' Director shall then review the recommendation and supporting documentation provided by the Manager-Division of Independent Living and make a final determination as to future funding to the CIL.

Section 886.100 Funding Based on Compliance Review Outcomes

After review of the recommendation and supporting material, DORS' Director shall assign the CIL a final compliance rating, as follows, which will have the impact described below.

a) Full Compliance Rating - the CIL shall receive funding at the same or an increased level as the current year within the limitation of available funds and the needs of DORS and shall be exempt from undergoing a Full Compliance Review for a period not to exceed 3 years.

b) Partial Compliance Rating - the CIL will be placed on 6 month probationary status to remedy deficiencies identified in the Compliance Review. Funding will remain at the same level as the current year, prorated for the 6 month period for the probationary period within the limitation of available funds and the needs of DORS.

During the probationary period, DORS shall monitor the progress of the CIL to ensure deficiencies are being corrected. Prior to the end of the 6 month probationary period, DORS shall perform a Compliance Review of the CIL reviewing only those items on which the CIL was found deficient. In the second Compliance Review, the CIL must obtain a Full Compliance Rating or funding to the CIL shall be terminated within 30 days. If the CIL achieves a Full Compliance Rating as a result of the second review, the provisions of subsection (a) of this Section shall apply, except that the CIL shall undergo a Full Compliance Review at least once in the next 3 years.

c) Noncompliance Rating - the CIL will be placed on 12 month probationary status to remedy deficiencies identified in the Compliance Review. Funding will remain at the same level as the current year for the 12 month probationary period within the limitation of available funds and the needs of DORS. During the probationary period, DORS shall monitor the progress of the CIL to ensure deficiencies are being corrected. Prior to the end of the 12 month probationary period, DORS shall perform a Compliance Review of the CIL reviewing only those items on which the CIL was found deficient. In the second Compliance Review, the CIL must obtain a Full Compliance Rating or funding to the CIL shall be terminated within 30 days. If the CIL achieves a Full Compliance Rating as a result of the second review, the provisions of subsection (a) of this Section shall apply, except that the CIL shall undergo a Full Compliance Review the next year and a Secondary Compliance Review for each of next two years.

d) Unacceptable Noncompliance Rating - funding to the CIL will be ceased in 30 days. There will be no probationary period or subsequent review of the CIL.

Section 886.110 Grievance of Compliance Review Ratings

A CIL which does not agree with the Compliance Review Rating which it receives as a result of a Primary or Secondary Compliance Review may grieve the rating through a two-step grievance process, as follows.

a) Level I - Manager's Review

1) Within 30 calendar days after the date of the final Compliance Rating given to the CIL, the CIL may request a review by the Manager-Division of Independent Living. The request must be in writing and state the specific items with which the CIL disagrees.

2) Within 10 calendar days after the date of the request, the Manager-Division of Independent Living will contact the CIL in writing and will inform the CIL of the time, date, and location of a meeting to discuss the grievance. The meeting must be within 30 days after the date of the request for review filed by the CIL. The purpose of the meeting will be for both sides to present evidence to support its case, the review team to present information to justify the ratings, and for the CIL to present

information to refute the ratings.

3) Within 10 calendar days after the date of the meeting, the Manager-Division of Independent Living will issue his/her written decision on the grievance.

4) If the initial determination was to discontinue funding to the CIL, funding will not continue during the grievance process past the date of the current contract's funding termination date.

b) Director's Review

1) Any CIL not satisfied with the result of the Manager's Review may request a Director's Review. In order to request a Director's Review the CIL must, within 10 calendar days after the date of the Manager's Review decision, request such a review. The request must be in writing to DORS' Director and state the specific items with which the CIL disagrees.

2) Within 10 calendar days after the date of the request, the Director will contact the CIL in writing and will inform the CIL of the date by which evidence must be submitted for review. This date will be within 15 calendar days after the date of the request for a Director's Review.

3) The Director will then review the information provided by the CIL and the DORS file regarding the Compliance Rating and shall, within 30 calendar days after the date evidence is to be submitted for the Director's Review, issue a written decision on the matter. The Director's Review is the final step in the grievance process and shall constitute DORS' final action on the matter.

SECRETARY OF STATE

NOTICE OF WITHDRAWL OF AMENDMENTS

TO MEET THE OBJECTION OF THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

1) Heading of the Part: Issuance of Licenses

2) Code Citation: 92 Ill. Adm. Code 1030

3) Section Numbers: 1030.91 — Proposed Action: Amendment

4) Date Notice of Proposed Amendments Published in the Illinois Register: June 21, 1996 — 20 Ill Reg. 8358

5) Date JCAR Statement of Objection Published in the Illinois Register: August 9, 1996 — 20 Ill. Reg. 10749

5) Reason for the Withdrawal: It was determined by the Joint Committee on Administrative Rules at its meeting on July 23, 1996, that no condition is present in this instance, that meets the criteria for emergency rulemaking in Section 5-45 of the IAPA.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION
TO PROPOSED RULEMAKING

DEPARTMENT OF LABOR

Heading of the Part: Personnel Records Review Act

Code Citation: 56 Ill Adm Code 355

Section Numbers: 355.120, 355.350, 355.140

Date Originally Published in the Illinois Register: 3/1/96
20 Ill Reg 3729

At its meeting on August 20, 1996, the Joint Committee on Administrative Rules objected to 3 Sections in the above cited rulemaking because the definition of "employee" in Section 355.120 is unduly economically burdensome to some employers by defining the term differently than other State laws and creates a test for independent contractor status that differs from those tests commonly used in other State laws or by other State agencies; Section 355.350 incorrectly reflects Section 10(c) of the Act by creating "trade secrets" and "public welfare" elements to the employer's staff planning exception in Section 10(c) of the Act; and the length of coverage provisions in Section 355.140 of the rulemaking are too broad and contrary to Section 1(b) of the Act.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall be deemed to be a refusal to respond under the Administrative Procedure Act and shall constitute withdrawal of this proposed rulemaking.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION
TO PROPOSED RULEMAKING

DEPARTMENT OF NATURAL RESOURCES

Heading of the Part: Bonding and Insurance Requirements for Surface Coal Mining and Reclamation Operations

Code Citation: 62 Ill Adm Code 1800

Section Numbers: 1800.23

Date Originally Published in the Illinois Register: 3/15/96
20 Ill Reg 4224

At its meeting on August 20, 1996, the Joint Committee on Administrative Rules objected to the above cited rulemaking because the definition of "Generally Accepted Accounting Principles" in this rulemaking does not conform with State statute requiring consistency with federal law.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall be deemed to be a refusal to respond under the Administrative Procedure Act and shall constitute withdrawal of this proposed rulemaking.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO
EMERGENCY RULEMAKING

DEPARTMENT OF PUBLIC AID

Heading of the Part: Hospital Services

Code Citation: 89 Ill. Adm. Code 148

Date Originally Published in the Illinois Register: 7/12/96
20 Ill Reg 9281

At its meeting on August 20, 1996, the Joint Committee on Administrative Rules objected to the emergency rules of the Department of Public Aid entitled Hospital Services (89 Ill. Adm. Code 148) because it inappropriately removes from existing rule the language concerning outlier adjustments for organ transplants. The outlier adjustments are, in fact, federally mandated, and DPA has not demonstrated that the status of the federal mandate has changed. Additionally, DPA has stated that PA 89-499 allows the Department to use emergency rulemaking procedures when implementing FY 97 budget initiatives. However, PA 89-499 authorizes the use of emergency rulemaking for budget *reduction* initiatives, not for those initiatives that increase or maintain reimbursement levels. Section 5-45 of the Illinois Administrative Procedure Act requires DPA to set out its reasons for using emergency rulemaking in writing. DPA's espoused basis for using emergency rulemaking is inaccurate, in contravention of the Section 5-45 requirements in the IAPA.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall be deemed a refusal. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION AND RECOMMENDATION
TO EMERGENCY RULEMAKING

DEPARTMENT OF PUBLIC AID

Heading of the Part: Related Program Provisions

Code Citation: 89 Ill. Adm. Code 117

Date Originally Published in the Illinois Register: 8/2/96
20 Ill Reg 10381

At its meeting on August 20, 1996, the Joint Committee on Administrative Rules objected to the emergency rules of the Department of Public Aid entitled Related Program Provisions (89 Ill. Adm. Code 117; 20 Ill. Reg. 10381) because it inappropriately increases the burial amount to $325 and funeral maximum amount for adults and children 5 or older to $650. These 2 increases contravene statutory language in the Public Aid Code at 305 ILCS 5/12-4.11 that specifically limits these amounts to $315 and $630.

In addition, the Committee recommended that if the Department believes these increases are warranted, it pursue legislative action this fall to amend the Public Aid Code at 305 ILCS 5/12-4.11 to increase the statutorily-imposed limitations on reimbursement for funeral and burial expenses.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall be deemed a refusal. The agency's response will be placed on the JCAR agenda for further consideration.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Pursuant to 35 Ill. Adm. Code 302.Subpart F, the following water quality criteria have been derived as follows. This listing includes only the water quality criteria that have been used during the period May 1, 1996 through July 31, 1996.

A cumulative listing of criteria as of July 31, 1993 was published in 17 Ill. Reg. 18904, October 29, 1993. Listings of criteria used during subsequent three month periods were published in 18 Ill. Reg. 318, January 7, 1994; 18 Ill. Reg. 4457, March 18, 1994; 18 Ill. Reg. 8734, June 10, 1994; 18 Ill. Reg. 14166, September 9, 1994; 18 Ill. Reg. 17770, December 9, 1994; 19 Ill. Reg. 3563, March 17, 1995; 19 Ill. Reg. 7270, May 26, 1995; 19 Ill. Reg. 12527, September 1, 1995; 20 Ill. Reg. 649, January 5, 1996; 20 Ill. Reg. 4829, March 22, 1996; and 20 Ill. Reg. 7549, May 30, 1996.

Chemical: Acenaphthene Acute criterion: 124 ug/l Date criteria derived: November 14, 1991 Applicable waterbodies: Not used during this period.	CAS #83-32-9 Chronic criterion: 9.9 ug/l
Chemical: Acetone Acute criterion: 1,530 mg/l Date criteria derived: May 25, 1993 Applicable waterbodies: Not used during this period.	CAS #67-64-1 Chronic criterion: 122 mg/l
Chemical: Acetonitrile Acute criterion: 375 mg/l Date criteria derived: December 7, 1993 Applicable waterbodies: Not used during this period.	CAS #75-05-8 Chronic criterion: 30 mg/l
Chemical: Acrylonitrile Acute criterion: 910 ug/l Human health criterion (HNC): 0.21 ug/l Date criteria derived: November 13, 1991 Applicable waterbodies: Not used during this period.	CAS #107-13-4 Chronic criterion: 73 ug/l
Chemical: Anthracene Human health criterion (HTC): 35 mg/l Date criteria derived: August 18, 1993 Applicable waterbodies: Not used during this period.	CAS #120-12-7

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Chemical: Benzene
Acute criterion: 5,200 ug/l
Human health criterion (HNC): 21 ug/l
Date criteria derived: August 15, 1990
Applicable waterbodies:
CAS #71-43-2
Chronic criterion: 416 ug/l

Not used during this period.

Chemical: Benzo(a)anthracene
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:
CAS #56-55-3

Not used during this period.

Chemical: Benzo(a)pyrene
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:
CAS #50-32-8

Not used during this period.

Chemical: Benzo(b)fluoranthene
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:
CAS # 205-99-2

Not used during this period.

Chemical: Benzo(k)fluoranthene
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:
CAS #207-08-9

Not used during this period.

Chemical: Carbon tetrachloride
Acute criterion: 3,500 ug/l
Human health criterion (HNC): 1.4 ug/l
Date criteria derived: June 18, 1993
Applicable waterbodies:
CAS #56-23-5
Chronic criterion: 280 ug/l

Not used during this period.

Chemical: Chlorobenzene
Acute criterion: 993 ug/l
Date criteria derived: December 11, 1991
Applicable waterbodies:
CAS #108-90-7
Chronic criterion: 79 ug/l

Not used during this period.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Chemical: Chloroform
Acute criterion: 1,870 ug/l
Human health criterion (HNC): 130 ug/l
Date criteria derived: October 26, 1992
Applicable waterbodies:
CAS #67-66-3
Chronic criterion: 150 ug/l

Not used during this period.

Chemical: Chrysene
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:
CAS #218-01-9

Not used during this period.

Chemical: 1,2-dichlorobenzene
Acute criterion: 210 ug/l
Date criteria derived: December 1, 1993
Applicable waterbodies:
CAS #95-50-1
Chronic criterion: 16.8 ug/l

Not used during this period.

Chemical: 1,3-dichlorobenzene
Acute criterion: 500 ug/l
Date criteria derived: July 31, 1991
Applicable waterbodies:
CAS #541-73-1
Chronic criterion: 196 ug/l

Not used during this period.

Chemical: 1,2-dichloroethane
Acute criterion: 24,900 ug/l
Human health criterion (HNC): 23 ug/l
Date criteria derived: March 19, 1992
Applicable waterbodies:
CAS #107-06-2
Chronic criterion: 4,540 ug/l

Not used during this period.

Chemical: 1,1-dichloroethylene
Acute criterion: 3,030 ug/l
Human health criterion (HNC): 0.95 ug/l
Date criteria derived: March 20, 1992
Applicable waterbodies:
CAS #75-35-4
Chronic criterion: 242 ug/l

Not used during this period.

Chemical: 2,4-dichlorophenol
Acute criterion: 631 ug/l
Date criteria derived: November 14, 1991
Applicable waterbodies:
CAS #120-83-2
Chronic criterion: 83.1 ug/l

Not used during this period.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Chemical: 1,2-dichloropropane CAS #78-87-5
Acute criterion: 4,800 ug/l Chronic criterion: 380 ug/l
Date criteria derived: December 7, 1993
Applicable waterbodies:

Not used during this period.

Chemical: 1,3-dichloropropylene CAS #542-75-6
Acute criterion: 99 ug/l Chronic criterion: 7.9 ug/l
Date criteria derived: November 13, 1991
Applicable waterbodies:

Not used during this period.

Chemical: 4,6-dinitro-o-cresol = 2-methyl-4,6-dinitrophenol
CAS #534-52-1
Acute criterion: 28.8 ug/l Chronic criterion: 2.3 ug/l
Date criteria derived: November 14, 1991
Applicable waterbodies:

Not used during this period.

Chemical: 2,4-dinitrophenol CAS #51-28-5
Acute criterion: 85.3 ug/l Chronic criterion: 4.07 ug/l
Date criteria derived: December 1, 1993
Applicable waterbodies:

Not used during this period.

Chemical: 2,6-dinitrotoluene CAS #606-20-2
Acute criterion: 1,910 ug/l Chronic criterion: 153 ug/l
Date criteria derived: February 14, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Ethylbenzene CAS #100-41-4
Acute criterion: 216 ug/l Chronic criterion: 17.2 ug/l
Date criteria derived: August 15, 1990, revised May 17, 1991
Applicable waterbodies:

07090005-003/off Rock River
07130010-013/off Killiordan Creek to La Moine River
07140101-006/off Mississippi River

Chemical: Fluoranthene CAS #206-44-0
Human health criterion (HTC): 120 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:

Not used during this period.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Chemical: Hexachlorobenzene CAS #118-74-1
Human health criterion (HNC): 0.00025 ug/l
Date criteria derived: November 15, 1991
Applicable waterbodies:

Not used during this period.

Chemical: Hexachlorobutadiene CAS #87-68-3
Acute criterion: 34.5 ug/l Chronic criterion: 2.76 ug/l
Date criteria derived: March 23, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Hexachloroethane CAS #67-72-1
Acute criterion: 381 ug/l Chronic criterion: 30.5 ug/l
Human health criterion (HNC): 2.9 ug/l
Date criteria derived: November 15, 1991
Applicable waterbodies:

Not used during this period.

Chemical: Isobutyl alcohol = 2-methyl-1-propanol
CAS #78-83-1
Acute criterion: 434 mg/l Chronic criterion: 34.8 mg/l
Date criteria derived: December 1, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Methylene chloride CAS #75-09-2
Acute criterion: 17,200 ug/l Chronic criterion: 1,380 ug/l
Human health criterion (HNC): 340 ug/l
Date criteria derived: January 21, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Methylethylketone CAS #78-93-3
Acute criterion: 322,000 ug/l Chronic criterion: 26,000 ug/l
Date criteria derived: July 1, 1992
Applicable waterbodies:

Not used during this period.

Chemical: 4-methyl-2-pentanone CAS #108-10-1
Acute criterion: 46 mg/l Chronic criterion: 3.68 mg/l
Date criteria derived: January 13, 1992
Applicable waterbodies:

Not used during this period.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Chemical: Naphthalene CAS #91-20-3
Acute criterion: 670 ug/l Chronic criterion: 68 ug/l
Date criteria derived: November 7, 1991
Applicable waterbodies:

Not used during this period.

Chemical: Nitrobenzene CAS #98-95-3
Acute criterion: 15.4 mg/l Chronic criterion: 4.67 mg/l
Human health criterion (HTC): 0.52 mg/l
Date criteria derived: February 14, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Pentachlorophenol
Acute criterion: 20 ug/l Chronic criterion: 13 ug/l
Date criteria derived: national criterion, September 1986
Applicable waterbodies:

Not used during this period.

Chemical: Phenanthrene CAS #85-01-8
Acute criterion: 46 ug/l Chronic criterion: 3.7 ug/l
Date criteria derived: October 26, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Pyrene CAS #120-00-0
Human health criterion (HTC): 3,500 ug/l
Date criteria derived: December 22, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Tetrachloroethylene CAS #127-18-4
Acute criterion: 1,220 ug/l Chronic criterion: 152 ug/l
Date criteria derived: March 23, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Tetrahydrofuran CAS #109-99-9
Acute criterion: 216,000 ug/l Chronic criterion: 17,300 ug/l
Date criteria derived: March 16, 1992
Applicable waterbodies:

Not used during this period.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

GRAPHIC MATERIAL
See printed copy of IAC for detail

Chemical: Toluene CAS #108-88-3
Acute criterion: 8,080 ug/l Chronic criterion: 646 ug/l
Date criteria derived: August 16, 1990, revised May 17, 1991 and January 26, 1993
Applicable waterbodies:

07090005-003/off Rock River
07130010-013/off Killiordan Creek to La Moine River
07140101-006/off Mississippi River

Chemical: 1,2,4-trichlorobenzene CAS #120-82-1
Acute criterion: 353 ug/l Chronic criterion: 69.2 ug/l
Date criteria derived: December 14, 1993
Applicable waterbodies:

Not used during this period.

Chemical: 1,1,1-trichloroethane CAS #71-55-6
Acute criterion: 4,910 ug/l Chronic criterion: 393 ug/l
Date criteria derived: October 26, 1992
Applicable waterbodies:

Not used during this period.

Chemical: 1,1,2-trichloroethane CAS #79-00-5
Acute criterion: 19,000 ug/l Chronic criterion: 3,540 ug/l
Human health criterion (HNC): 12 ug/l
Date criteria derived: December 13, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Trichloroethylene CAS #79-01-6
Acute criterion: 11,700 ug/l Chronic criterion: 940 ug/l
Date criteria derived: October 23, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Xylenes CAS # 1330-20-7
Acute criterion: 1,500 ug/l Chronic criterion: 117 ug/l
Date criteria derived: August 23, 1990
Applicable waterbodies:

07090005-003/off Rock River
07130010-013/off Killiordan Creek to La Moine River
07140101-006/off Mississippi River

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

For additional information concerning these criteria or the derivation process used in generating them, please contact:

Bob Mosher
Illinois Environmental Protection Agency
Division of Water Pollution Control
2200 Churchill Road
P.O. Box 19276
Springfield, IL 62794-9276
217/782-3362

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of August 20, 1996 through August 26, 1996 and have been scheduled for review by the Committee at its September 17, 1996 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
10/6/96	Department of Mental Health and Developmental Disabilities, Administration (59 Ill Adm Code 101)	5/24/96 20 Ill Reg 7276	9/17/96
10/9/96	Office of the State Fire Marshal, Fire Prevention and Safety (41 Ill Adm Code 100)	9/22/95 19 Ill Reg 13176	9/17/96

96-6 EXECUTIVE ORDER

96-6
REVOCATION OF EXECUTIVE ORDER NUMBER TWO (1994) AND AMENDMENT TO EXECUTIVE ORDER NUMBER ONE (1995)

Whereas, Article V, Section 14 of the Constitution of the State of Illinois empowers the Lieutenant Governor to "perform the duties and exercise the powers in the Executive Branch that may be delegated to him by the Governor and that may be prescribed by law;"

Whereas, in order to ensure the future prosperity of the People of Illinois, the State of Illinois requires a coordinated, effective and well-managed system of economic development programs and policies; and

Whereas, an appropriate regulatory and advisory framework should be created and managed to maximize Illinois' economic advantage; and

Whereas, it is necessary and desirable to combine the oversight and management of some of those regulatory and advisory programs and bodies under a single coordinated approach under the supervision of the Lieutenant Governor; and

Whereas, Executive Orders Number Two (1994) and Number One (1995) established the Illinois Commission on Regulatory Review and the Economic Development Coordinating Council, respectively; and

Whereas, the missions and major tasks of the Illinois Commission on Regulatory Review and the Illinois Economic Development Coordinating Council can more efficiently and effectively be carried out by abolishing the Illinois Commission on Regulatory Review, and transferring its powers and duties to the Illinois Economic Development Coordinating Council;

Therefore, I, Jim Edgar, hereby order the following:

I. REVOCATION OF EXECUTIVE ORDER NUMBER TWO (1994)

Executive Order Number 2 (1994) is hereby revoked, thereby abolishing the Illinois Commission on Regulatory Review.

II. AMENDMENT TO SECTION II OF EXECUTIVE ORDER NUMBER ONE (1995).

Section II.B. Of Executive Order Number 1 (1995) shall be amended by inserting as a new paragraph after the first paragraph the following:

"The Council powers shall also include, but not be limited to, the following:

A. To review and analyze selected regulatory topics and to provide guidance to agencies regarding the formulation of and/or revision to specific rules and regulations.

B. To review and analyze existing and/or proposed rules and regulations for the purpose of determining whether the rule is unreasonable or excessively burdensome or imposes undue hardship on those subject to the regulation.

C. To assess whether the rules have a responsible cost-to-benefit ratio, based upon whether the benefit derived from the rule exceeds the increased cost of goods and services or the increased cost to government resulting from the rule being imposed.

D. To adjudicate conflicts that exist between job creation or retention and appropriate regulatory activities.

E. To search for less restrictive or less costly means to achieve the same result.

F. To advise relevant State agencies on the formulation of federally

required State rules and regulations in a least-cost, reasonable and pro-economic growth fashion.

G. To make recommendations to the Office of the Governor regarding proposed changes to legislation which is regulatory in nature.

H. To advise the Office of the Governor regarding agency rulemaking and to offer recommendations that improve the state rulemaking process".

III. EFFECTIVE DATE

This Executive Order Number 6 (1996) shall become effective August 9, 1996.

Issued by the Governor August 9, 1996.

Filed by the Secretary of State August 9, 1996.

PROCLAMATION

96-349
PAUL C. BLUME SR. COMMENDED (REVISED)

Whereas, Paul C. Blume Sr. is a graduate of Loyola University's Business and Law Schools; and

Whereas, he is currently "Of Counsel" with the law firm of Lord, Bissell, and Brook in Chicago, Illinois; and

Whereas, he was formerly Vice President and General Counsel of the National Association of Independent Insurers; and

Whereas, Paul is a member of the American, Illinois and Chicago Bar Associations, the International Association of Insurance Counsel, the Federation of Insurance Counsel and Illinois Defense Counsel; and

Whereas, he was Vice President and General Counsel of the Illinois Insurance information Service for 10 years; and

Whereas, he is President of Insurance Briefs, Inc., a legislative service, which he founded in 1984; and

Therefore, I, Jim Edgar, Governor of the State of Illinois, commend PAUL C. BLUME SR. for his tremendous contributions to his community and to the insurance industry.

Issued by the Governor July 12, 1996.

Filed by the Secretary of State August 16, 1996.

96-382
DISASTER AREA - CITY OF CHICAGO

The civil disturbances that may occur in the City of Chicago in relation to the Democratic National Convention have prompted me to take precautionary actions in order to provide prompt assistance to local officials.

In the interest of aiding the City of Chicago and those citizens who may be affected by the adverse actions of a few, and in order to minimize the threat to public health, safety and welfare of our citizens, I herby declare that the threat of a disaster exists in the City of Chicago, and therefore pursuant to provisions of Section 33057 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(1992), I proclaim the City of Chicago a disaster area.

This gubernational declaration of disaster will allow the Illinois Emergency Management Agency to pay the expenses associated with the activation of the Illinois National Guard to assist the City of Chicago in the event of any disruptive action that requires supplemental assistance from the State of Illinois.

Issued by the Governor August 16, 1996.

Filed by the Secretary of State August 16, 1996.

96-383
FAY MONTROSE SIMS COMMENDED

Whereas, on July 22, 1916, on a farm in Adams County, Harriet and Ray Sims had a baby boy named Fay Montrose Sims; and

Whereas, Fay has made many achievements throughout his life; and

Whereas, he graduated from Seymour High School in Payson, Illinois; and

Whereas, in 1941, Fay received a Bachelor of Science degree with honors in Agriculture from the University of Illinois and has received other degrees from the University of Illinois and Harvard University; and

Whereas, he served in the United States Army and assisted with post World War II clean-up efforts in Europe; and

Whereas, on June 27, 1948, Fay married Anne Henderson; and

Whereas, in 1960, he began his career at the University of Illinois College of Agriculture Cooperative Extension Service; and

Whereas, he taught farm income tax schools for tax practitioners in Illinois and developed a pre-retirement planning program which he taught in 76 counties; and

Whereas, he has been involved in the FarmHouse Fraternity and has received the Snyder Award for Outstanding Alumni Contributions; and

Whereas, Fay is a very loyal supporter of the students within the FarmHouse, ACES (Agricultural, Consumer and Environmental Sciences) and UIUC (University of Illinois Urbana-Champaign) and of the University of Illinois as a whole;

Therefore, I, Jim Edgar, Governor of the State of Illinois, commend FAY MONTROSE SIMS for his hard work and dedication to the citizens of Illinois.

Issued by the Governor August 1, 1996.

Filed by the Secretary of State August 16, 1996.

96-384
GEORGE H. MILLER DAY

Whereas, George H. Miller has served as the Executive Director of the Township Officials of Illinois since 1979; and

Whereas, he has served as a township official, founding member of the National Association of Towns and Townships, member of the White House Task Force on New Federalism (1982), and member of the National Advising Council on Rural Development; and

Whereas, George H. Miller has been a major supporter and participant in the Illinois State Fair Local Officials Day; and

Whereas, George H. Miller is retiring as Executive Director of Township Officials of Illinois; and

Whereas, the sponsors, participants and his many friends are very grateful to George H. Miller for the many years of service, support and friendship;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 10, 1996, as GEORGE H. MILLER DAY in Illinois.

Issued by the Governor August 1, 1996.

Filed by the Secretary of State August 16, 1996.

96-385
NO CRIME DAY

Whereas, Black on Black Love is sponsoring a "No Crime Day" on August 17, 1996, to address crime in our communities; and

Whereas, it combines a day of family entertainment with a powerful message that "The Violence must stop and it must stop now, through self-love, self- respect and self-discipline;" and

Whereas, family and community in the Washington Park area will be

focusing on this issue;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 17, 1996, as *NO CRIME DAY* in Illinois.

Issued by the Governor August 1, 1996.

Filed by the Secretary of State August 16, 1996.

96-386
ROBERT FRANKLIN NAYLOR DAY

Whereas, Robert Franklin Naylor is employed at the Illinois Department of Transportation as a Safety and Claims Specialist; and

Whereas, he is the Fulton County Republican Chairman; and

Whereas, for 27 years, he owned the Italian Village in Canton; and

Whereas, Robert is a Rotary member, Shriner, a member of the American Legion and VFW, a veteran of the Vietnam War, and a former member of the Young Republicans; and

Whereas, in 1964, he worked on the Barry Goldwater for President Campaign; and

Whereas, on September 8, 1968, Robert was married to Rosina of Kropotken, Russia; and

Whereas, together, Robert and Rosina are the proud parents of Shawn and Scott; and

Whereas, Robert Franklin Naylor will celebrate his 50th birthday on August 3, 1996;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 3, 1996, as *ROBERT FRANKLIN NAYLOR DAY* in Illinois in honor of his 50th birthday and in appreciation of his service to the citizens of Illinois.

Issued by the Governor August 2, 1996.

Filed by the Secretary of State August 16, 1996.

96-387
HUNTING AND FISHING DAY

Whereas, September 28, 1996, is National Hunting and Fishing Day, a day set aside to recognize the many positive activities and meaningful contributions and support of sportsmen and sportswomen throughout the United States to the existence of and operation of modern scientific wildlife management programs; and

Whereas, the 1996 celebration marks the 25th Anniversary of National Hunting and Fishing Day, the silver anniversary - worthy of special recognition; and

Whereas, Illinois outdoorsmen and outdoorswomen continue to contribute everyday to the more than $3 million nationally given to support wildlife conservation efforts; and

Whereas, the Department of Natural Resources supports this event and the contributions of Illinois sportsmen and sportswomen with two celebrations, Northern Illinois at Silver Springs State Fish and Wildlife Area and Southern Illinois at John A. Logan College;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 28, 1996, as *HUNTING AND FISHING DAY* in Illinois.

Issued by the Governor August 2, 1996.

Filed by the Secretary of State August 16, 1996.

96-388
KATHERINE DUNHAM DAY

Whereas, Katherine Dunham is a dancer, choreographer, teacher, scholar and humanitarian and a master of American dance; and

Whereas, Kathy has been the recipient of numerous honors and awards, including the Presidential Award for the Arts and the Capezio Dance Award; and

Whereas, she has been inducted into the Hall of Fame of the National Museum of Dance and she holds 12 honorary Ph.D.s in addition to the degrees she has earned; and

Whereas, Katherine Dunham has taught and continues to teach her technique, a blend of ballet, modern dance, and Caribbean dances, to teachers and choreographers at the Dunham Technique Seminar and the Children's Workshop at the Katherine Dunham Centers for Arts and Humanities and by invitation in the United States and abroad, and;

Whereas, Katherine Dunham will receive the Dance Teacher Now Circle of Dance Award for lifetime contributions to dance education;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 12, 1996, as *KATHERINE DUNHAM DAY* in Illinois.

Issued by the Governor August 5, 1996.

Filed by the Secretary of State August 16, 1996.

89-389
LOUIS AND EVANGELYNN WAPPEL DAY

Whereas, 45 years ago, Louis and Evangelynn Wappel were married; and

Whereas, they exchanged vows at St. Martin of Tours Church in Washington Park; and

Whereas, Louis and Evangelynn Wappel had seven children together; and

Whereas, all seven of them, Stephen, Michael, Mark, Ralph, Angela, Paul and Michelle, earned college degrees; and

Whereas, Louis and Evangelynn have 17 grandchildren named Alexandra, Stephanie, Jaclyn, David, Rachel, Brent, Mandy, Philip, Jayme, Ryan, Eric, Blake, Justin, Colin, Gabriel, Kayla and Melissa; and

Whereas, on August 16, 1996, Louis and Evangelynn Wappel will celebrate their 45th wedding anniversary;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 16, 1996, as *LOUIS AND EVANGELYNN WAPPEL DAY* in Illinois in recognition of their anniversary and their love and devotion to each other and to their family.

Issued by the Governor August 5, 1996.

Filed by the Secretary of State August 16, 1996.

96-390
JANE ADDAMS HULL HOUSE ASSOCIATION MONTH

Whereas, Jane Addams Hull House Association is a non-profit organization that provides programs that encourage people to become self-reliant; and

Whereas, programs offered by the Hull House Association include literacy, day care, job training and placement, foster care, family counseling, battered women and children counseling, and independent living programs; and

Whereas, the Hull House Association was founded because of the dedication

and efforts of Jane Addams, the first American woman to win the Nobel Peace Prize; and

Whereas, the Hull House Association is proud of many "firsts," which include the first Chicago program to train welfare recipients as day-care home providers, the first infant care facility in a Chicago high school, the first on-site emergency medical care team in a Chicago public housing development; and

Whereas, the Hull House Association will sponsor a variety of events during September in honor of the original opening of the Hull House on September 18, 1889, and of Jane Addams' birthday, which was September 6, 1860;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 1996 as **JANE ADDAMS HULL HOUSE ASSOCIATION MONTH** in Illinois in honor of Jane Addams, her accomplishments, and the contributions of her organization.

Issued by the Governor August 6, 1996.

Filed by the Secretary of State August 16, 1996.

96-391
PUBLIC BENEFITS OUTREACH DAY

Whereas, the National Caucus and Center on Black Aged, Inc. was founded in 1970 as a non-profit organization dedicated to enhancing the quality of life for African-Americans and the low-income elderly; and

Whereas, for 14 years the local chapter has made this annual event, "The Frank Atlas Conference on Minority Elderly," a success by reaching those most in need of service; and

Whereas, this conference will provide valuable information to older Americans to help insure that they can enjoy their retirement years with economic security, adequate health care and housing, and physical security; and

Whereas, this year's conference is titled "With a Little Help From My Friends;"

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 17, 1996, as *PUBLIC BENEFITS OUTREACH DAY* in Illinois.

Issued by the Governor August 6, 1996.

Filed by the Secretary of State August 16, 1996.

96-392
DRUG FREE YOUTH DAYS

Whereas, the Illinois Drug Education Alliance (IDEA) is presenting its 14th Annual Drug Prevention Conference, "Singing in Drug Free Harmony", on Sunday, November 24 and Monday, November 25 in Springfield; and

Whereas, the Illinois Drug Education Alliance believes prevention offers individuals and communities an opportunity to stop alcohol, tobacco, and other drug problems before they start and provides hope for effecting individual and community change to support healthy behaviors; and

Whereas, more than 1,000 Illinois young people, dedicated to the "Drug Free" lifestyle, will participate in two days of drug prevention education and leadership training. These young people will carry the "Drug Free" message back to their schools and communities, and become role-models to their peers; and

Whereas, educators, parents, volunteers, and other adults will attend and participate in the 14th Annual Illinois Drug Education Alliance Conference.

These adults will train, encourage, and support young people in their choice of the "Drug Free" lifestyle; and

Whereas, the Illinois Drug Education Alliance stands firmly with the Illinois Department of Alcoholism and Substance Abuse and all of its supporting agencies -- the Governor, Lieutenant Governor, Attorney General's Office, the Secretary of State, Illinois Department of Transportation, Division of Traffic Safety, Illinois State Police, Illinois State Board of Education, the Drug Enforcement Administration, Illinois National Guard, University of Illinois Cooperative Extension Service, Mothers Against Drunk Driving, Operation Snowball and Students Against Driving Drunk -- and with the many other state and national organizations that encourage the promotion of sound drug prevention programs;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim November 24-25, 1996, as *DRUG FREE YOUTH DAYS* in Illinois in recognition of the Illinois Drug Education Alliance and its supporting agencies in bringing a "Drug Free" message to the youth of our state.

Issued by the Governor August 7, 1996.

Filed by the Secretary of State August 16, 1996.

96-393
MAJOR GENERAL AND MRS. CHARLES T. ROBERTSON DAY

Whereas, Charles T. Robertson has served as vice commander, Air Mobility Command, Scott Air Force Base, Illinois; and

Whereas, Charles T. Robertson was a distinguished graduate of the United States Air Force Academy; and

Whereas, Charles T. Robertson has served assignments as assistant deputy chief of staff for plans and resources, Strategic Air Command, and director, personnel plans, Headquarters US Air Force, and has commanded an F-11 Bomb Squadron and two bomb wings; and

Whereas, Charles T. Robertson is a command pilot, having flown more than 3,000 hours, including some 100 missions in Vietnam; and

Whereas, Charles T. Robertson has served as aide and executive officer to the vice commander in chief, Strategic Air Command, as executive officer to the Air Force vice chief of staff, Headquarters USAF, and as vice director, the Joint Staff, Joint Chiefs of Staff, Washington, D.C.; and

Whereas, Charles T. Robertson has received numerous awards and decorations, including the Defense Distinguished Service Medal, Legion of Merit with oak leaf cluster, Distinguished Flying Cross with oak leaf cluster, Meritorious Service Medal with two oak leaf clusters, Air Medal with nine oak leaf clusters, Air Force Commendation Medal with oak leaf cluster, Vietnam Service Medal with four service stars, and the Republic of Vietnam Gallantry Cross with Palm; and

Whereas, Major General Charles T. Robertson and Mrs. Brenda Robertson have served their state and the nation with 25 years of distinguished service; and

Whereas, Charles T. Robertson and Mrs. Brenda Robertson are departing Illinois for his assignment as Commander, 15 AF, Travis AFB California;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 23, 1996, as *MAJOR GENERAL AND MRS. CHARLES T. ROBERTSON DAY* in Illinois.

Issued by the Governor August 7, 1996.

Filed by the Secretary of State August 16, 1996.

96-394
DYSLEXIA MONTH

Whereas, Dyslexia is a learning disability which affects the ability to read, write and organize thoughts; and

Whereas, one million adults and children throughout Illinois, including 15% of all school age children suffer from dyslexia/learning disabilities; and

Whereas, the Illinois Branch of the Orton Dyslexia Society offers professional development classes in multisensory reading and mathematics, tutor referral directories, quarterly newsletters, seminars and conferences to address the educational needs of this population; and

Whereas, these have proven effective to help people deal with and improve their condition;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1996 as *DYSLEXIA MONTH* in Illinois in honor of their hard work and efforts.

Issued by the Governor August 8, 1996.

Filed by the Secretary of State August 16, 1996.

96-395
ILLINOIS STATE JOURNAL BUILDING/FRANK J. MASON DAY

Whereas, the Illinois State Journal Building at 313 South Sixth Street, Springfield, was built in 1929 to accommodate one of the state's oldest and most respected newspapers. In 1942, it acquired the Illinois State Register and became known as the State Journal Register in 1974; and

Whereas, the building with its Art Deco architecture became a fixture in downtown Springfield by virtue of its mission and appearance, ably serving the newspaper until new quarters were constructed in 1982; and

Whereas, the building was listed on the National Register of Historic Places in 1986, the nation's official list of places that are historically significant; and

Whereas, the State of Illinois, under leadership of Illinois Historic Preservation Agency Trustee Frank J. Mason, purchased and restored the historic building to its original appearance, providing a home to a large portion of the agency's staff while preserving a downtown landmark; and

Whereas, Frank J. Mason was a founding trustee of the Illinois Historic Preservation Agency and an ardent supporter of Illinois history. He was largely responsible for preserving the Illinois State Journal Building and many other historic properties in Illinois until his death in 1994; and

Whereas, the first phase of restoration of the Illinois State Journal Building is completed and the building is opened and dedicated to the memory of Frank J. Mason;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 7, 1996, as *ILLINOIS STATE JOURNAL BUILDING/FRANK J. MASON DAY* in Illinois.

Issued by the Governor August 8, 1996.

Filed by the Secretary of State August 16, 1996.

96-396

LIEUTENANT GENERAL AND MRS. CHARLES T. "TONY" ROBERTSON JR. DAY

Whereas, Charles T. Robertson Jr. has served as vice commander, Air Mobility Command, Scott Air Force Base, Illinois; and

Whereas, Charles T. Robertson Jr. was a distinguished graduate of the United States Air Force Academy; and

Whereas, Charles T. Robertson Jr. has served assignments as assistant deputy chief of staff for plans and resources, Strategic Air Command, and director, personnel plans, Headquarters US Air Force, and has commanded an F-11 Bomb Squadron and two bomb wings; and

Whereas, Charles T. Robertson Jr. is a command pilot, having flown more than 3,000 hours, including 150 combat missions in Vietnam; and

Whereas, Charles T. Robertson Jr. has served as aide and executive officer to the vice commander in chief, Strategic Air Command, as executive officer to the Air Force vice chief of staff, Headquarters USAF, and as vice director, the Joint Staff, Joint Chiefs of Staff, Washington, D.C.; and

Whereas, Charles T. Robertson Jr. has received numerous awards and decorations, including the Defense Distinguished Service Medal, Legion of Merit with oak leaf cluster, Distinguished Flying Cross with oak leaf cluster, Meritorious Service Medal with two oak leaf clusters, Air Medal with nine oak leaf clusters, Air Force Commendation Medal with oak leaf cluster, Vietnam Service Medal with four service stars, and the Republic of Vietnam Gallantry Cross with Palm; and

Whereas, Lieutenant General Charles T. Robertson Jr. and Mrs. Brenda Robertson have served their state and the nation with 28 years of distinguished service; and

Whereas, Charles T. Robertson Jr. and Mrs. Brenda Robertson are departing Illinois for his assignment as Commander, 15 AF, Travis AFB, California;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 23, 1996, as *LIEUTENANT GENERAL AND MRS. CHARLES T. "TONY" ROBERTSON JR. DAY* in Illinois.

Issued by the Governor August 8, 1996.

Filed by the Secretary of State August 16, 1996.

96-397
MINORITY DEVELOPMENT MONTH

Whereas, Minority Enterprise Development Week is an annual celebration of the contributions and achievements made by minority businesses in Illinois and throughout the United States; and

Whereas, our state's growth and prosperity depend on the full participation of all Illinois citizens; and

Whereas, for the past 14 years, this state has made great advances in increasing the participation of the minority community in state business; and

Whereas, business and professional leaders from across the region are honoring Illinois' outstanding minority business entrepreneurs for 1996;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1996 as *MINORITY DEVELOPMENT MONTH* in Illinois in recognition of the contributions and achievements of minority entrepreneurs through our state.

Issued by the Governor August 8, 1996.

Filed by the Secretary of State August 16, 1996.

96-398
SPINAL HEALTH CARE MONTH

Whereas, during October, doctors of chiropractic throughout the United States take part in a community health program to promote the importance of our citizens' spinal health; and

Whereas, spinal integrity helps all organs in the body function more efficiently, and spinal health is essential to proper growth and development; and

Whereas, Illinoisans should become more aware of their spinal health and receive periodic examinations; and

Whereas, the chiropractic science and the doctors who practice it have contributed greatly to the better health of our citizenry by providing this specialized health care;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1996 as *SPINAL HEALTH CARE MONTH* in Illinois.

Issued by the Governor August 8, 1996.

Filed by the Secretary of State August 16, 1996.

96-399
TASTE OF ROMANIA DAYS

Whereas, Little Bucharest Restaurant, is holding its Sixth Annual Taste of Romania Benefit; and

Whereas, Little Bucharest Restaurant will participate in this benefit, which is planned and operated by Little Bucharest Restaurant and the volunteers of St. Alphonsus Elementary School; and

Whereas, operating costs are underwritten by Little Bucharest Restaurant, companies and foundations, and 100 percent of the ticket proceeds goes to St. Alphonsus Elementary School; and

Whereas, St. Alphonsus Elementary School was founded in 1896 and has continued a tradition of educating children from ethnically diverse backgrounds and encourages their social development;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 21-22, 1996, as *TASTE OF ROMANIA DAYS* in Illinois.

Issued by the Governor August 8, 1996.

Filed by the Secretary of State August 16, 1996.

96-400
75TH ANNIVERSARY JUBILEE MASS OF ST. MARGARET MARY PARISH

Whereas, October 20, 1996, the St. Margaret Mary Parish is celebrating its 75th Anniversary Jubilee Mass; and

Whereas, Henry Sprunk, who died on May 12, 1919, left in his will $5,000 toward the organization and construction of the church; and

Whereas, on April 1, 1921, the first mass was celebrated by Father George Thomas McCarthy; and

Whereas, St. Margaret Mary Parish is comprised of many ministries working together in an effort to bring Christ into the daily life and community of its parishioners; and

Whereas, in September 1921, St. Margaret Mary school proudly opened its doors to 147 registered students and today has an enrollment of 480 students.

The school serves students pre-school through eighth grade and is devoted to quality education;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 20, 1996, as the *75th ANNIVERSARY JUBILEE MASS OF ST. MARGARET MARY PARISH* in Illinois.

Issued by the Governor August 12, 1996.

Filed by the Secretary of State August 16, 1996.

96-401
TRUCK DRIVER APPRECIATION WEEK

Whereas, America's professional truck drivers are hard-working men and women who serve the communities, schools, and businesses of the United States; and

Whereas, they travel more than 152 billion miles delivering 5.5 billion tons of freight each year; and

Whereas, professional truck drivers have been honored as among the safest drivers on our highways; and

Whereas, many have received awards for extraordinary acts of heroism and bravery for saving fellow motorists from injury and death; and

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 18-24, 1996, as *TRUCK DRIVER APPRECIATION WEEK* in Illinois.

Issued by the Governor August 12, 1996.

Filed by the Secretary of State August 16, 1996.

96-402
UNION CONSTRUCTION CONTRACTOR DAY

Whereas, the Chicago area local construction trade unions and contractors have built the transportation systems, buildings, utilities, and other structures which make Chicago a premiere city for its residents, businesses and visitors; and

Whereas, in 1971 these construction contractors formed the Mid-America Regional Bargaining Association (MARBA) to act as management's collective bargaining agent with the local construction trade unions; and

Whereas, MARBA provides comprehensive labor relations services on behalf of its constituent associations and their construction employer members; and

Whereas, these services include: collective bargaining negotiations, labor contract administration and interpretation, joint labor/management problem resolution, labor information and public relations research, education and training; and

Whereas, the purpose of MARBA policies and programs is to promote the stability of the construction industry for the betterment of Chicago and the surrounding communities through improved labor-management relations; and

Whereas, MARBA is commemorating its 25th Anniversary of labor relation services to the construction industry on September 14, 1996;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 14, 1996, as *UNION CONSTRUCTION CONTRACTOR DAY* in Illinois.

Issued by the Governor August 12, 1996.

Filed by the Secretary of State August 16, 1996.

96-403

AMERICAN CRAFT EXPOSITION DAYS

Whereas, 1996 marks the 12th Annual American Craft Exposition; and

Whereas, this highly prestigious juried exposition will be held at the Henry Crown Sports Pavilion at Northwestern University Campus in Evanston, Illinois; and

Whereas, the show is considered the finest in the midwest and educates the community about fine crafts in the media of baskets, ceramics, fiber decorative, fiber wearable, glass, jewelry, leather, metal, and mixed media and wood; and

Whereas, proceeds from the show, derived from gate receipts, benefit the Evanston and Glenbrook Hospitals; and

Whereas, artisans are able to showcase their work and speak directly with attendees to teach specifics about their unique craft;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 22-25, 1996, as *AMERICAN CRAFT EXPOSITION DAYS* in Illinois.

Issued by the Governor August 14, 1996.

Filed by the Secretary of State August 23, 1996.

96-404
CAREER DEVELOPMENT MONTH

Whereas, career development is an essential part of Illinois' educational process, helping to bridge the gap between schools and business, industry and labor, and communities; and

Whereas, career development helps individuals understand, select and train for those occupations that will provide careers in the increasingly challenging labor market of the future; and

Whereas, individuals may change careers or need to be retrained several times making career development a life-long process that reaches far beyond the schools; and

Whereas, the State of Illinois is increasingly emphasizing career development for all people to assist them in preparing for the future through the Education-to-Careers initiative and the Illinois Employment and Training Centers;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim November 1996 as *CAREER DEVELOPMENT MONTH* in Illinois.

Issued by the Governor August 14, 1996.

Filed by the Secretary of State August 23, 1996.

96-405
CERTIFIED PROFESSIONAL SECRETARIES MONTH

Whereas, the Certified Professional Secretaries (CPS) rating is on of the highest honors attainable in the secretarial profession. Professionals in government, business, and industry recognize that secretaries who have such a rating can be of valuable service to them; and

Whereas, to obtain the certification, secretaries must satisfactorily demonstrate their judgment, understanding, and administrative capabilities in an examination administered by the Institute for Certifying Secretaries; and

Whereas, certified secretaries possess knowledge and skill in business, relationships, business and public policy, economics, management,

communication, decision-making, financial analysis, and office procedures; and

Whereas, the CPS rating has been awarded to more than 40,000 secretaries in our nation, nearly 2,000 of whom live in Illinois. Our state ranks fourth in the United States in the number of CPS-rated individuals;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1996 as *CERTIFIED PROFESSIONAL SECRETARIES MONTH* in Illinois and extend congratulations to secretaries who have earned this distinguished rating and to those striving for the honor.

Issued by the Governor August 14, 1996.

Filed by the Secretary of State August 23, 1996.

96-406
INTERGENERATIONAL WEEK

Whereas, understanding and communication between all Illinois generations within families, neighborhoods, and communities are critical to meeting individual needs and community challenges; and

Whereas, older Illinoisans have a history of life experiences and great wisdom to share with younger generations and are perfect role models who can provide a special motivation that helps children reach their full potential; and

Whereas, children and youth have energy and blossoming talents that can bring joy and support to other generations while increasing their personal self-esteem; and

Whereas, lifelong service and learning by all generations, for all generations, foster understanding and admiration for one another in mutually beneficial situations; and

Whereas, by learning about our past, we are better prepared to improve our future circumstances and well-being; and

Whereas, for these reasons and many others it is important to continue to encourage and support intergenerational linkages through a coordinated statewide awareness building effort;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 8-15, 1996, as *INTERGENERATIONAL WEEK* in Illinois and I encourage all citizens to be cognizant of other generations; to work hand-in-hand with all networks in aging, education, public and private enterprise; to celebrate innovative community-based intergenerational programs; and to participate fittingly in this observance.

Issued by the Governor August 14, 1996.

Filed by the Secretary of State August 23, 1996.

96-407
PARTNERSHIP ILLINOIS DAY

Whereas, the University of Illinois at Urbana-Champaign was established in 1867, with the threefold mission of teaching, research, and public service; and

Whereas, faculty members carry out that public service and outreach mission every day through hundreds of programs; and

Whereas, those programs effectively bring faculty expertise to bear on the educational, technological, economic, social and cultural challenges facing Illinois and society in general; and

Whereas, campus leaders are launching "Partnership Illinois" to review and strengthen relationships with constituents, provide better access to university resources, and reaffirm the university's relationship with the people of the state; and

Whereas, "Partnership Illinois" efforts will forge, with the citizenry, a stronger, more vital institution, ensuring the university's role as leader in the State of Illinois and the nation into the coming century;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 9, 1996, as *PARTNERSHIP ILLINOIS DAY* in Illinois.

Issued by the Governor August 14, 1996.

Filed by the Secretary of State August 23, 1996.

96-408
DUBOIS ELEMENTARY SCHOOL DAY

Whereas, the 1996-97 academic year marks the 100th year of DuBois School educating Springfield's children; and

Whereas, Jesse Kilgore DuBois was a prominent Republican, a personal friend of Abraham Lincoln and served in the state Legislature with him at Vandalia; and

Whereas, during the 1896-97 school year, West Springfield School was annexed to the city and the Springfield Board Education took over the school's operations; and

Whereas, DuBois' forerunner was the old West Springfield School that is believed to have been in existence as early as 1881; and

Whereas, the school was a four-room brick structure with a seating capacity of just over 200; and

Whereas, at this time, the community began calling the West Springfield School by its present name, DuBois, in honor of Jesse K. Dubois; and

Whereas, DuBois has always been known for its excellent teachers and programs;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 21, 1996, as *DUBOIS ELEMENTARY SCHOOL DAY* in Illinois.

Issued by the Governor August 16, 1996.

Filed by the Secretary of State August 23, 1996.

96-409
INTERNATIONAL FESTIVAL OF LIFE DAYS

Whereas, September 7-8, 1996, Martin's Inter-Culture, Inc. is celebrating its 4th Annual International Festival of Life at the DuSable Museum Sunken Garden; and

Whereas, the International Festival of Life was founded in 1993 by Martin's International/Martin's Inter-Culture, Inc. president Ephraim M. Martin; and

Whereas, the primary objective of the Festival of Life is to unite people of all nationalities, fostering the belief that we are one people regardless of our place of birth or ethnic background; and

Whereas, the Festival is dedicated to "Teens in Crisis" and will have a children stage to feature talent contests, educational speakers and talks on crises facing teenagers;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim

September 7-8, 1996, as *INTERNATIONAL FESTIVAL OF LIFE DAYS* in Illinois.

Issued by the Governor August 16, 1996.

Filed by the Secretary of State August 23, 1996.

96-410
JAMES JORDAN BOYS AND GIRLS CLUB AND FAMILY LIFE CENTER DAY

Whereas, the Opening Celebration Gala for the James Jordan Boys and Girls Club and Family Life Center will be held on September 28, 1996; and

Whereas, the James Jordan Boys and Girls Club and Family Life Center is a new state-of-the-art facility; and

Whereas, the Chicago Bulls and Michael Jordan made a generous donation to build this new facility in honor of Michael's late father; and

Whereas, the Center will be dedicated to providing a safe, nurturing environment for the children of Chicago's inner-city;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 28, 1996, as *THE JAMES JORDAN BOYS AND GIRLS CLUB AND FAMILY LIFE CENTER DAY* in Illinois.

Issued by the Governor August 16, 1996.

Filed by the Secretary of State August 23, 1996.

96-411
MARROW DONOR AWARENESS MONTH

Whereas, the National Marrow Donor Program's (NMDP) mission is to establish, maintain and improve a system which provides transplants of bone marrow and other hematopoietic cells from volunteers unrelated donors for patients with leukemia and other life-threatening blood diseases; and

Whereas, the National Marrow Donor Program diversifies and increases the Registry through education and recruitment of volunteer marrow donors, while promoting safety and confidentiality; and

Whereas, the National Marrow Donor Program guides and represents the interests of patients and their families concerning medical options and financial coverage for marrow transplantation; and

Whereas, the National Marrow Donor Program supports research activities aimed at increasing opportunities for, and favorable outcomes of, unrelated marrow transplants; and

Whereas, the National Marrow Donor Program is increasing public awareness and understanding of the need for unrelated marrow donors and the role the NMDP plays in that process; and

Whereas, the National Marrow Donor Program continually seeks ways to improve the delivery of services through our worldwide network; and

Whereas, the National Marrow Donor Program, a nonprofit organization, has a Registry of over two million volunteer donors and facilitates approximately 70 transplants a month; and

Whereas, in conjunction with the National Marrow Donor Program, 42,734 people in Illinois have volunteered as donors and 161 Illinois residents have received transplants;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 1996 as *MARROW DONOR AWARENESS MONTH* in Illinois.

Issued by the Governor August 16, 1996.

Filed by the Secretary of State August 23, 1996.

96-412
MEXICAN INDEPENDENCE MONTH

Whereas, the Sociedad Civica Mexicana de Illinois, Inc. is a not-for-profit organization that seeks to perpetuate the customs and traditions of Mexican culture and promote goodwill and understanding among all Illinoisans; and

Whereas, the Sociedad Civica Mexicana de Illinois, Inc. has established a fund to grant $1,000 scholarships to Latino students; and

Whereas, the Sociedad Civica Mexicana de Illinois, Inc. has sponsored the Fiestas Patrias since 1969; and

Whereas, President Lic. Ernesto Zedillo will name his official representative to crown the queen of Mexican festivities at the Aztec Banquet; and

Whereas, 1996 marks the 186th anniversary of Mexico's independence and the 27th anniversary of the Sociedad Civica Mexicana de Illinois, Inc.;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 1996 as *MEXICAN INDEPENDENCE MONTH* in Illinois.

Issued by the Governor August 16, 1996.

Filed by the Secretary of August 23, 1996.

96-413
Y-ME NATIONAL BREAST CANCER DAY

Whereas, founded in 1978, Y-ME National Breast Cancer is the largest independent organization in the country serving women with breast cancer and their families and friends; and

Whereas, Y-ME promotes methods and the importance of early detection for improving the survival rate of women with breast cancer; and

Whereas, Y-ME volunteers lead 20 "Open Door" education and support meetings each month throughout the Chicago area; and

Whereas, Y-ME is committed to addressing needs not currently met by traditional health care providers; and

Whereas, Y-ME has published two original self-help booklets and a Resource Book that serves to raise money for education and their outreach programs; and

Whereas, Y-ME National Breast Cancer will hold its 15th annual Luncheon/Fashion Show on October 19, 1996;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 19, 1996, as *Y-ME NATIONAL BREAST CANCER DAY* in Illinois.

Issued by the Governor August 16, 1996.

Filed by the Secretary of State August 23, 1996.

96-414
CHURCHS CHICKEN HABITAT DAY OF DREAMS

Whereas, home ownership has always been an integral part of the American Dream; and

Whereas, Habitat for Humanity and other supportive organizations, including Churchs Chicken, have proven their commitment to helping families in our communities achieve home ownership and the measure of financial independence it provides; and

Whereas, homes are built or renovated using mostly volunteer labor and donated materials and the homes are sold to families in need at no profit and with no interest charges; and

Whereas, Habitat for Humanity and supportive businesses have turned the dream of home ownership into a reality for many deserving families; and

Whereas, a "Day of Dreams" was created in 1993 to raise funds for the building of homes and this year's "Day of Dreams" is planned for September 18, 1996, to raise money for more homes; and

Whereas, Illinois salutes the dedicated people who have worked with a sense of urgency for the Habitat project and our communities for their commitment to this project;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 18, 1996, as *CHURCHS CHICKEN HABITAT DAY OF DREAMS* in Illinois and extend special recognition to the corporate community and volunteers who are invaluable to Habitat for Humanity's continued success.

Issued by the Governor August 21, 1996.

Filed by the Secretary of State August 23, 1996.

96-415
DR. WILSON H. WEST COMMENDED

Whereas, Dr. Wilson H. West was born on September 13, 1913; and

Whereas, he graduated from Southern Illinois University and St. Louis University Medical School; and

Whereas, Dr. West has practiced medicine in Southern Illinois for more than 50 years; and

Whereas, St. Clair County Medical Society has named the Wilson H. West Award plaque - awarded annually - in honor of Dr. West and has scheduled many nationally known speakers to attend the Annual Public Affairs Dinner; and

Whereas, these speakers have included United States Senators, Ambassadors, the Director of the CIA and the Director of NATO; and

Whereas, Dr. West has been president of the St. Clair County Republican Century Club for the past 20 years; and

Whereas, he has raised a generous amount of money for the Republican Party in Southern Illinois; and

Whereas, Dr. West has attended the Republican National Nominating Conventions in 1956, 1968, 1972, 1976, 1984 and 1988; and

Whereas, Dr. West was a Presidential Elector in 1980, 1984, and 1988; and

Whereas, he is a member of the Board of Governors of National and Illinois United Republican Fund and is a lifetime honorary member of the Belleville Republican Club;

Therefore, I, Jim Edgar, Governor of the State of Illinois, commend DR. WILSON H. WEST for his hard work and dedication to the general public, medical field and to the Republican Party.

Issued by the Governor August 21, 1996.

Filed by the Secretary of State August 23, 1996.

96-416
INDIA DAY

Whereas, the Honorable Naresh Chandra is India's Ambassador to the United States; and

Whereas, Tuesday, August 27, 1996, will mark his first visit to Chicago since he arrived in Washington last May; and

Whereas, prior to his appointment as Ambassador, he served as Governor of the State of Gujarat; and

Whereas, Ambassador Chandra actively supports trade and friendship between India and the State of Illinois; and

Whereas, August is India's Independence Month; and

Whereas, the Indian community will host a dinner on the night of his arrival to welcome the Ambassador to Illinois;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 27, 1996, as *INDIA DAY* in Illinois, and extend a warm welcome to Ambassador Chandra on his first visit to our state.

Issued by the Governor August 21, 1996.

Filed by the Secretary of State August 23, 1996.

96-417

VOCATIONAL STUDENT ORGANIZATION WEEK

Whereas, the proper education of todayFEs youth is a concern of all Americans; and

Whereas, vocational student organizations are dedicated to the advancement of proper education, training and development of America's youth; and

Whereas, for the past 19 years, organizations such as the Illinois Coordinating Council for Vocational Student Organizations (ICCVSO) have advanced the awareness of the importance of vocational student organizations as an integral part of the educational curriculum; and

Whereas, vocational student organizations in Illinois include the Business Professionals of America, Future Business Leaders of America (FBLA), Future Homemakers of America/Home Economics Related Occupations (FHA/HERO), Health Occupations Students of America (HOSA), Illinois Association of FFA, Illinois Association of DECA, Illinois Postsecondary Agricultural Student Organization (PAS), Phi Beta Lamda (PBL), Technology Student Association (TSA), and Illinois Association of Vocational Industrial Clubs of America (VICA);

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 6-12, 1996, as VOCATIONAL STUDENT ORGANIZATION WEEK in Illinois in recognition of the contributions made by these organizations to the education of our youth.

Issued by the Governor August 21, 1996.

Filed by the Secretary of State August 23, 1996.

Rules acted upon during the quarter of July 1 thorugh September 30, 1996 are listed in the Issues Index by Title number, Part number and Issue number. For example, 50 Ill. Adm. Code 952 published in Issue 2 will be listed as 50-952-2. Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-4414 or jnatale@ccgate.sos.state.il.us (Internet address).

ILLINOIS REGISTER
ADMINISTRATIVE CODE ORDER FORM

PLEASE USE THIS FORM FOR ALL ORDERS OR TO NOTIFY US OF A CHANGE OF ADDRESS. ALL ORDERS MUST BE PAID IN ADVANCE BY CHECK, MONEY ORDER, VISA OR DISCOVER CARD. CHECKS AND MONEY ORDERS MUST BE PAYABLE TO THE "SECRETARY OF STATE".

MICROFICHE SETS OF THE ILLINOIS REGISTER @$200.00 PER SET.
__1977-1978__1979__1980__1981__1982__1983__1984__1985__1986
__1987__1988__1989__1990__1991__1992__1993__1994__1995

CUMULATIVE INDICES TO THE ILLINOIS REGISTER @$1.00 EACH.
__1981__1982__1983__1984__1985__1986__1987__1988__1989

SECTIONS AFFECTED INDICES TO THE ILLINOIS REGISTER @$1.00 EACH.
__1984__1985__1986__1987__1988__1989

CUMULATIVE/SECTIONS AFFECTED INDICES @$5.00 EACH.
__1990__1991__1992__1993__1994__1995

BACK ISSUES OF THE ILLINOIS REGISTER (CURRENT YEAR ONLY) @$10.00 EACH._____ _____ _____
(VOLUME #) (ISSUE #) (ISSUE DATE)

ANNUAL SUBSCRIPTION TO THE ILLINOIS REGISTER @$290.00 (52 ISSUES)
____NEW ___RENEWAL

ANNUAL SUBSCRIPTION AND SUPPLEMENT TO THE ILLINOIS ADMINISTRATIVE CODE; PUBLISHED QUARTERLY @$290.00
___1996 CODE & 2 SUPPLEMENTS ____QUANTITY

TOTAL AMOUNT OF ORDER: $_____
__CHECK __VISA __DISCOVER CARD #:_____

EXPIRATION DATE:_____ SIGNATURE:_____
(IF CHANGE OF ADDRESS, PLEASE LIST BOTH THE OLD AND NEW ADDRESS:

_____
(NAME, PLEASE TYPE OR PRINT)

_____
(ADDRESS)

_____
(CITY, STATE, ZIP CODE AND TELEPHONE #)

MAIL TO:

GEORGE H. RYAN
SECRETARY OF STATE
INDEX DEPARTMENT
111 E. MONROE
SPRINGFIELD, IL 62756